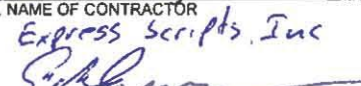



EXHIBIT B

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING C-9		PAGE OF PAGES 1 125	
2. CONTRACT (Proc. Inst. Ident.) NO. HT9402-14-D-0002				3. EFFECTIVE DATE 05/01/2014		4. REQUISITION/PURCHASE REQUEST/PROJECT NO. 14-PHARX-0008	
5. ISSUED BY CODE HT9402		6. ADMINISTERED BY (If other than Item 5) CODE HT9402		DEPARTMENT OF DEFENSE DEFENSE HEALTH AGENCY COD-AB 16401 E CENTRETECH PARKWAY AURORA CO 80011-9066		DEPARTMENT OF DEFENSE DEFENSE HEALTH AGENCY COD-AB 16401 E CENTRETECH PARKWAY AURORA CO 80011-9066	
7. NAME AND ADDRESS OF CONTRACTOR (No., Street, City, Country, State and ZIP Code) EXPRESS SCRIPTS INC ATTN NANCY GILBRIDE 1 EXPRESS WAY SAINT LOUIS MO 631211824				8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)		9. DISCOUNT FOR PROMPT PAYMENT Net 30	
10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN				ITEM Section G			
CODE 1WPW1		FACILITY CODE		11. SHIP TO/MARK FOR CODE		12. PAYMENT WILL BE MADE BY CODE HT9402	
MULTIPLE LOCATIONS				DEFENSE HEALTH AGENCY DEFENSE HEALTH AGENCY-AURORA 16401 E CENTRETECH PARKWAY AURORA CO 80011-9066			
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()				14. ACCOUNTING AND APPROPRIATION DATA See schedule			
15A. ITEM NO	15B. SUPPLIES/SERVICES			15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
Continued							
15G. TOTAL AMOUNT OF CONTRACT						\$5,364,684,318.00	
16. TABLE OF CONTENTS							
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1	X	I	CONTRACT CLAUSES	109
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	30	X	J	LIST OF ATTACHMENTS	125
X	D	PACKAGING AND MARKING	77	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	78		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	79		L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	82		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	96				
CONTRACTING OFFICER WILL COMPLETE ITEM 17 (SEALED-BID OR NEGOTIATED PROCUREMENT) OR 18 (SEALED-BID PROCUREMENT) AS APPLICABLE							
17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 2 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)				18. <input type="checkbox"/> SEALED-BID AWARD (Contractor is not required to sign this document.) Your bid on Solicitation Number HT9402-13-R-0001 including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your bid, and (b) this award/contract. No further contractual document is necessary. (Block 18 should be checked only when awarding a sealed-bid contract.)			
19A. NAME AND TITLE OF SIGNER (Type or print) Edward B. Ignarzik EVP Sales & Marketing				20A. NAME OF CONTRACTING OFFICER Bruce Mitterer 303.676.3812 bruce.mitterer@dha.mil			
19B. NAME OF CONTRACTOR Express Scripts, Inc		19C. DATE SIGNED 4-21-14		20B. UNITED STATES OF AMERICA		20C. DATE SIGNED 4/23/14	
BY  (Signature of person authorized to sign)				BY  (Signature of the Contracting Officer)			

CONTINUATION SHEET		REFERENCE NO. OF DOCUMENT BEING CONTINUED			Page 1	of 60
OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
0001	Contract Phase-In, TRICARE Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
0002	Government Directed Mailings Type: Requirements Est Qty: 250,000 Obligated Amount: \$0.00 Product/Service Code: Q201	250000	EA	(b) (4)		(b) (4)
0003	Contract Data Requirements List (CDRLs) Exhibit A Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
1001	Retail Network Claims, Electronic, TRICARE Only-Eligible Type: Requirements Est Qty: 26,250,000	25992157	EA	(b) (4)		(b) (4)
100101	DoD Funds, FY15 (Qty: 0 and Amt: \$0.00)					
100102	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					
1002	Retail Network Claims, Electronic, Medicare Dual-Eligible Type: Requirements Est Qty: 26,500,000	26613672	EA	(b) (4)		(b) (4)
100201	MERHCF, FY15 (Qty:0 and Amt: \$0.00)					
100202	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
1003	Retail Claims, Paper, TRICARE Only-Eligible Type: Requirements Est Qty: 160,000	139783	EA	(b) (4)		(b) (4)
100301	DoD Funds, FY15 (Qty:0 and Amt: \$0.00)					
100302	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
1004	Retail Claims, Paper, Medicare Dual-Eligible Type: Requirements Est Qty: 440,000	252691	EA	(b) (4)		(b) (4)
100401	MERHCF, FY15					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Qty:0 and Amt: \$0.00)					
100402	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
1005	MTF Prescriptions, Adjudication Services Type: Requirements Est Qty: 58,000,000	59500000	EA	(b) (4)		(b) (4)
100501	DoD Funds, FY15 (Qty: 0 and Amt: \$0.00)					
100502	MERHCF, FY15 (Qty: 0 and Amt: \$0.00)					
100503	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					
100504	MERHCF, FY16 (Qty: 0 and Amt: \$0.00)					
1006	Mail Order Pharmacy, Prescription Fill, TRICARE Only-Eligible, Type: Requirements Est Qty: 4,930,000	5709917	EA	(b) (4)		(b) (4)
100601	DoD Funds, FY15 (Qty: 0 and Amt: \$0.00)					
100602	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					
1007	Mail Order Pharmacy, Prescription Fill, Medicare Dual-Eligible Type: Requirements Est Qty: 22,100,000	22223929	EA	(b) (4)		(b) (4)
100701	MERHCF, FY15 (Qty: 0 and Amt: \$0.00)					
100702	MERHCF, FY16 (Qty: 0 and Amt: \$0.00)					
1008	Mail Order Pharmacy, Specialty Clinical Svcs, TRICARE Only-Eligible Type: Requirements Est Qty: 57,000	60568	EA	(b) (4)		(b) (4)
100801	DoD Funds, FY15 (Qty: 0 and Amt: \$0.00)					
100802	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					

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CONTINUATION SHEET		REFERENCE NO. OF DOCUMENT BEING CONTINUED			Page 3	of 60
OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
1009	Mail Order Pharmacy, Specialty Clinical Svcs, Medicare Dual-Eligible Type: Requirements Est Qty: 70,000	70608	EA	(b) (4)		(b) (4)
100901	MERHCF, FY15 (Qty: 0 and Amt: \$0.00)					
100902	MERHCF, FY16 (Qty: 0 and Amt: \$0.00)					
1010	Mail Order Unreplenished Agents Type: Firm Fixed Price Obligated Amount: \$0.00	1	LO	(b) (4)		(b) (4)
1011	Clinical Reviews, Prior Authorization & Medical Necessity, TRICARE Only-Eligible Type: Requirements Est Qty: 168,000	119049	EA	(b) (4)		(b) (4)
101101	DoD Funds, FY15 (Qty: 0 and Amt: \$0.00)					
101102	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					
1012	Clinical Reviews, Prior Authorization & Medical Necessity, Medicare Dual-Eligible Type: Requirements Est Qty: 138,500	144555	EA	(b) (4)		(b) (4)
101201	MERHCF, FY15 (Qty: 0 and Amt: \$0.00)					
101202	MERHCF, FY16 (Qty: 0 and Amt: \$0.00)					
1013	Explanation of Benefits (EOB) Type: Requirements Est Qty: 5,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201	9750000	EA	(b) (4)		(b) (4)
101301	DoD Funds, FY15 (Qty:0 and Amt: \$0.00)					
101302	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
1014	Government Directed Mailings Type: Requirements Est Qty: 1,000,000 Obligated Amount: \$0.00	1000000	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Product/Service Code: Q201					
101401	DoD Funds, FY15 (Qty:0 and Amt: \$0.00)					
101402	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
1015	Contract Data Requirements List (CDRLs), Exhibit A Type: Firm Fixed Price Obligated Amount: \$0.00	1	LO	(b) (4)		(b) (4)
1016	Retail Network Cost Control Incentive (Not Separately Priced)	1	LO	(b) (4)		(b) (4)
1017	Incentive for Savings on High Cost Medications (Not Separately Priced) Product/Service Code: Q201					
1017AA	Option Period 1, Qtr 1 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1017AB	Option Period 1, Qtr 2 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1017AC	Option Period 1, Qtr 3 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1017AD	Option Period 1, Qtr 4 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1018	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, TRICARE Only-Eligible Est Qty: 392,000					
101801	DoD Funds, FY15 (Qty: 0 and Amt: \$0.00)					
101802	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					
1019	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, Medicare Dual-Eligible Est. Qty: 308,000	356938	EA	(b) (4)		(b) (4)
1020	Transfer New Retail Prescription to MTF Incentive, TRICARE Only-Eligible Est Qty: 44,800	227	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
102001	DoD Funds, FY15 (Qty: 0 and Amt: \$0.00)					
102002	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					
1021	Transfer New Retail Prescription to MTF Incentive, Medicare Dual-Eligible Est Qty: 35,200					
102101	MERHCF, FY15 (Qty: 0 and Amt: \$0.00)					
102102	MERHCF, FY16 (Qty: 0 and Amt: \$0.00)					
1022	Contract Phase-Out to Non-Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1023	Contract Phase-Out To Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1024	Implementation of Contract Changes (Not Separately Priced) Product/Service Code: Q201					
1024AA	Implementation of TOM149/TPM141 NDAA 2015 Section 702 Expanded Use of MTF/TMOP Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1024AB	Test Environments Implementation (Section C.12.10.) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1024AC	Implementation of Recoupment of Monies (TOM139) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
1025	On-Going Administration of Contract Changes in OP1 (Not Separately Priced) Product/Service Code: Q201					
1025AA	On-Going Administration Recoupment of Monies (TOM139) FY16	1	LO	(b) (4)		

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00					
1025AB	Returned Pharmaceutical Credit Correction (DoD) FY15 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
1025AC	Returned Pharmaceutical Credit Correction (MERHCF) FY15 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
1025AD	Returned Pharmaceutical Credit Correction (DOD) FY16 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
1025AE	Returned Pharmaceutical Credit Correction (MERHCF) FY16 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
1026	TPM141/TOM194 Expanded Use of MTF/MOP in OP1 Cost of Ineligible Transfers, C.7.1.14. & H.2.2. (Not Separately Priced) Product/Service Code: Q201					
1026AA	DoD Funds, FY16 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
1026AB	MERHCF Funds, FY16 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2001	Retail Network Claims, Electronic, TRICARE Only-Eligible Type: Requirements Est Qty: 41,500,000 (Option Line Item) Funded: \$0.00	26021482	EA	(b) (4)		(b) (4)
200101	DoD Funds, FY16 (Qty: 0 and Amt: \$0.00)					
200102	DoD Funds, FY17 (Qty: 0 and Amt: \$0.00)					
2002	Retail Network Claims, Electronic, Medicare Dual-Eligible	25446940	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Type: Requirements Est Qty: 27,000,000 Product/Service Code: Q201					
200201	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
200202	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2003	Retail Claims, Paper, TRICARE Only-Eligible Type: Requirements Est Qty: 150,000 Product/Service Code: Q201	133686	EA	(b) (4)		(b) (4)
200301	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
200302	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2004	Retail Claims, Paper, Medicare Dual-Eligible Type: Requirements Est Qty: 280,000 Product/Service Code: Q201	247574	EA	(b) (4)		(b) (4)
200401	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
200402	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2005	MTF Prescriptions, Adjudication Services Type: Requirements Est Qty: 61,000,000 Product/Service Code: Q201	61000000	EA	(b) (4)		(b) (4)
200501	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
200502	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
200503	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
200504	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2006	Mail Order Pharmacy, Prescription Fill, TRICARE Only-Eligible Type: Requirements Est Qty: 5,500,000 Product/Service Code: Q201	6920054	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
200601	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
200602	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2007	Mail Order Pharmacy, Prescription Fill, Medicare Dual-Eligible Type: Requirements Est Qty: 24,150,000 Product/Service Code: Q201	23347360	EA	(b) (4)		(b) (4)
200701	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
200702	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2008	Mail Order Pharmacy, Specialty Clinical Svcs, TRICARE Only-Eligible Type: Requirements Est Qty: 60,000 Product/Service Code: Q201	69264	EA	(b) (4)		(b) (4)
200801	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
200802	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2009	Mail Order Pharmacy, Specialty Clinical Svcs, Medicare Dual-Eligible Type: Requirements Est Qty: 72,000 Product/Service Code: Q201	79305	EA	(b) (4)		(b) (4)
200901	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
200902	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2010	Mail Order Unreplenished Agents Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2011	Clinical Reviews, Prior Authorization & Medical Necessity, TRICARE Only-Eligible Type: Requirements Est Qty: 143,000 Product/Service Code: Q201	141177	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
201101	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
201102	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2012	Clinical Reviews, Prior Authorization & Medical Necessity, Medicare Dual-Eligible Type: Requirements Est Qty: 151,300 Product/Service Code: Q201	159855	EA	(b) (4)		(b) (4)
201201	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
201202	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2013	Explanation of Benefits (EOB) Type: Requirements Est Qty: 8,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201	8000000	EA	(b) (4)		(b) (4)
201301	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
201302	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2014	Government Directed Mailings Type: Requirements Est Qty: 1,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201	1000000	EA	(b) (4)		(b) (4)
201401	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
201402	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2015	Contract Data Requirements List (CDRLs), Paragraph F.2.4. Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2016	Retail Network Cost Control Incentive Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2017	Incentive for Savings on High Cost Medications					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Not Separately Priced) Product/Service Code: Q201					
2017AA	Option Period 2, Qtr 1 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2017AB	Option Period 2, Qtr 2 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2017AC	Option Period 2, Qtr 3 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2017AD	Option Period 2, Qtr 4 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2018	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, TRICARE Only-Eligible Est Qty: 151,700 Product/Service Code: Q201	154706	EA	(b) (4)		(b) (4)
201801	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
201802	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2019	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, Medicare Dual-Eligible Est Qty: 353,000 Product/Service Code: Q201	280377	EA	(b) (4)		(b) (4)
201901	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
201902	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2020	Transfer New Retail Prescription to MTF Incentive, TRICARE Only-Eligible Est Qty: 39,500 Product/Service Code: Q201	74	EA	(b) (4)		(b) (4)
202001	DoD Funds, FY16 (Qty:0 and Amt: \$0.00)					
202002	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					
2021	Transfer New Retail Prescription to MTF Incentive, Medicare Dual-Eligible	130	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Est Qty: 43,500 Product/Service Code: Q201					
202101	MERHCF, FY16 (Qty:0 and Amt: \$0.00)					
202102	MERHCF, FY17 (Qty:0 and Amt: \$0.00)					
2022	Contract Phase-Out To Non-Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2023	Contract Phase-Out To Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2024	Implementation of Contract Changes (Not Separately Priced) Product/Service Code: Q201					
2024AA	DHMSM EHR Interface Implementation Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
2024AB	Implementation of Six Additional MTF to TMOP Host Sites (C.7.8.1.) Obligated Amount: \$0.00 Product/Service Code: Q201	6	EA	(b) (4)		(b) (4)
2026	TPM141/TOM194 Expanded Use of MTF/MOP in OP2 Cost of Ineligible Transfers, C.7.1.14. & H.2.2. (Not Separately Priced) Product/Service Code: Q201					
2026AA	DoD Funds, FY16 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2026AB	MERHCF Funds, FY16 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2026AC	DoD Funds, FY17 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
2026AD	MERHCF Funds, FY17	1	LO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201					
2027	On-Going Administration of Contract Changes in OP2 (Not Separately Priced) Product/Service Code: Q201					
2027AA	On-Going Administration Recoupment of Monies (TOM139) (FY16) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
2027AB	On-Going Administration Recoupment of Monies (FY17) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
2027AC	Returned Pharmaceutical Credit Correction (DoD) FY16 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
2027AD	Returned Pharmaceutical Credit Correction (MERHCF) FY16 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
2027AE	Returned Pharmaceutical Credit Correction (DoD) FY17 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
2027AF	Returned Pharmaceutical Credit Correction (MERHCF) FY17 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3001	Retail Network Claims, Electronic, TRICARE Only-Eligible Type: Requirements Est Qty: 42,300,000 (Option Line Item) Funded: \$0.00	22237435	EA	(b) (4)		(b) (4)
300101	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
300102	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
3002	Retail Network Claims, Electronic, Medicare Dual-Eligible Type: Requirements Est Qty: 33,300,000 (Option Line Item) Funded: \$0.00	23842948	EA	(b) (4)		(b) (4)
300201	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					
300202	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
3003	Retail Claims, Paper, TRICARE Only-Eligible Type: Requirements Est Qty: 505,500 (Option Line Item) Funded: \$0.00	98943	EA	(b) (4)		(b) (4)
300301	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					
300302	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
3004	Retail Claims, Paper, Medicare Dual-Eligible Type: Requirements Est Qty: 397,000 (Option Line Item) Funded: \$0.00	192765	EA	(b) (4)		(b) (4)
300401	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
300402	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
3005	MTF Prescriptions, Adjudication Services Type: Requirements Est Qty: 64,000,000 (Option Line Item) Funded: \$0.00	26666676	EA	(b) (4)		(b) (4)
300501	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					
300502	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					
300503	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
300504	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
3006	Mail Order Pharmacy, Prescription Fill, TRICARE Only-Eligible Type: Requirements Est Qty: 15,300,000 (Option Line Item) Funded: \$0.00	6614201	EA	(b) (4)		(b) (4)
300601	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					
300602	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
3007	Mail Order Pharmacy, Prescription Fill, Medicare Dual-Eligible Type: Requirements Est Qty: 11,500,000 (Option Line Item) Funded: \$0.00	23673772	EA	(b) (4)		(b) (4)
300701	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					
300702	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
3008	Mail Order Pharmacy, Specialty Clinical Svcs, TRICARE Only-Eligible Type: Requirements Est Qty: 25,900 (Option Line Item) Funded: \$0.00	67778	EA	(b) (4)		(b) (4)
300801	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					
300802	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
3009	Mail Order Pharmacy, Specialty Clinical Svcs, Medicare Dual-Eligible Type: Requirements Est Qty: 20,400 (Option Line Item) Funded: \$0.00	78791	EA	(b) (4)		(b) (4)
300901	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					
300902	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item)					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	ACRN: AM Funded: \$0.00					
3010	Mail Order Unreplenished Agents Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3011	Clinical Reviews, Prior Authorization & Medical Necessity, TRICARE Only-Eligible Type: Requirements Est Qty: 203,000 (Option Line Item) Funded: \$0.00	156297	EA	(b) (4)		(b) (4)
301101	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					
301102	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
3012	Clinical Reviews, Prior Authorization & Medical Necessity, Medicare Dual-Eligible Type: Requirements Est Qty: 160,000 (Option Line Item) Funded: \$0.00	179508	EA	(b) (4)		(b) (4)
301201	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					
301202	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
3013	Explanation of Benefits (EOB) Type: Requirements Est Qty: 5,000,000 (Option Line Item) Product/Service Code: Q201	3333338	EA	(b) (4)		(b) (4)
301301	DoD Funds, FY17 (Qty:0 and Amt: \$0.00)					

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OFFEROR OR CONTRACTOR						
EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Option Line Item)					
301302	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item)					
3014	Government Directed Mailings Type: Requirements Est Qty: 1,000,000 (Option Line Item) Product/Service Code: Q201	1500000	EA	(b) (4)		(b) (4)
301401	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item)					
301402	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item)					
3015	Contract Data Requirements List (CDRLs), Exhibit A Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3016	Retail Network Cost Control Incentive Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3017	Incentive for Savings on High Cost Medications (Not Separately Priced) Product/Service Code: Q201					
3017AA	Option Period 3, Qtr 1 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3017AB	Option Period 3, Qtr 2 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3017AC	Option Period 3, Qtr 3 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3017AD	Option Period 3, Qtr 4 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3018	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, TRICARE Only-Eligible Est Qty: 376,500 (Option Line Item)	107654	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR						
EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
301801	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					
301802	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
3019	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, Medicare Dual-Eligible Est Qty: 295,800 (Option Line Item) Funded: \$0.00	202190	EA	(b) (4)		(b) (4)
301901	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					
301902	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
3020	Transfer New Retail Prescription to MTF Incentive, TRICARE Only-Eligible Est Qty: 49,400 (Option Line Item) Funded: \$0.00	64	EA	(b) (4)		(b) (4)
302001	DoD Funds, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AC Funded: \$0.00					
302002	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
3021	Transfer New Retail Prescription to MTF Incentive, Medicare Dual-Eligible Est Qty: 38,800 (Option Line Item) Funded: \$0.00	48	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR		EXPRESS SCRIPTS INC				
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
302101	MERHCF, FY17 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AL Funded: \$0.00					
302102	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
3022	Contract Phase-Out To Non-Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3023	Contract Phase-Out To Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3024	Implementation of Contract Changes (Not Separately Priced) Product/Service Code: Q201					
3024AA	Implementation NDAA 2017, Section 701, TRICARE-Select (attachments J-7, J-8, J-9 & J-10) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
3024AB	MHS Genesis Claim Detail File CDRL - W030 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3024AC	Implementation of NDAA 2017, Section 701(h), Medication Adherence Pilot Obligated Amount: \$0.00 Product/Service Code: Q201	1	EA	(b) (4)		
3024AE	Implementation of DLA Master Medical Catalog replacing the Managed Care Pricing File (MCPF) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3024AF	Prescription Monitoring Program Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
3024AG	Procurement Instrument ID (PIID)	1	LO	(b) (4)		

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OFFEROR OR CONTRACTOR						
EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 Product/Service Code: Q201					
3025	On-Going Administration of Contract Changes in OP3 (Not Separately Priced) Product/Service Code: Q201					
305AA	On-Going Administration Recoupment of Monies (TOM139) (FY17) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded \$0.00	1	LO	(b) (4)		
3025AB	On-Going Administration Recoupment of Monies (TOM139) (FY18) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
3025AC	Returned Pharmaceutical Credit Correction (DoD) FY17 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3025AD	Returned Pharmaceutical Credit Correction (MERHCF) FY17 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3025AE	Returned Pharmaceutical Credit Correction (DoD) FY18 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3025AF	Returned Pharmaceutical Credit Correction (MERHCF) FY18 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3026	TPM141/TOM194 Expanded Use of MTF/MOP in OP3 Cost of Ineligible Transfers, C.7.1.14. & H.2.2. (Not Separately Priced) Product/Service Code: Q201					
3026AA	DoD Funds, FY17 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		
3026AB	MERHCF Funds, FY17 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
3026AC	DoD Funds, FY18 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		
3026AD	MERHCF Funds, FY18 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	1	LO	(b) (4)		
3027	SCA Price Adjustment OP3 (Not Separately Priced) Product/Service Code: Q201					
3027AA	SCA Price Adjustment OP3 (FY17) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
3027AB	SCA Price Adjustment OP3 (FY18) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
4001	Retail Network Claims, Electronic, TRICARE Only-Eligible Type: Requirements Est Qty: 43,175,000 (Option Line Item) Funded: \$0.00	36054000	EA	(b) (4)		(b) (4)
400101	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
400102	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
4002	Retail Network Claims, Electronic, Medicare Dual-Eligible Type: Requirements Est Qty: 36,585,000 (Option Line Item) Funded: \$0.00	39711000	EA	(b) (4)		(b) (4)
400201	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
400202	MERHCF, FY19					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					
4003	Retail Claims, Paper, TRICARE Only-Eligible Type: Requirements Est Qty: 480,000 (Option Line Item) Funded: \$0.00	163690	EA	(b) (4)		(b) (4)
400301	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
400302	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
4004	Retail Claims, Paper, Medicare Dual-Eligible Type: Requirements Est Qty: 377,400 (Option Line Item) Funded: \$0.00	318440	EA	(b) (4)		(b) (4)
400401	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
400402	MERHCF, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					
4005	MTF Prescriptions, Adjudication Services Type: Requirements Est Qty: 67,000,000 (Option Line Item) Funded: \$0.00	94916665	EA	(b) (4)		(b) (4)
400501	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
400502	MERHCF, FY18					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
400503	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
400504	MERHCF, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					
4006	Mail Order Pharmacy, Prescription Fill, TRICARE Only-Eligible Type: Requirements Est Qty: 16,040,000 (Option Line Item) Funded: \$0.00	8214000	EA	(b) (4)		(b) (4)
400601	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
400602	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
4007	Mail Order Pharmacy, Prescription Fill, Medicare Dual-Eligible Type: Requirements Est Qty: 10,300,000 (Option Line Item) Funded: \$0.00	32405000	EA	(b) (4)		(b) (4)
400701	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
400702	MERHCF, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
4008	Mail Order Pharmacy, Specialty Clinical Svcs, TRICARE Only-Eligible, Type: Requirements Est Qty: 27,200 (Option Line Item) Funded: \$0.00	87630	EA	(b) (4)		(b) (4)
400801	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
400802	400802 DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
4009	Mail Order Pharmacy, Specialty Clinical Svcs, Medicare Dual-Eligible Type: Requirements Est Qty: 21400 (Option Line Item) Funded: \$0.00	110200	EA	(b) (4)		(b) (4)
400901	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
400902	MERHCF, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					
4010	Mail Order Unreplenished Agents, Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
4011	Clinical Reviews, Prior Authorization & Medical Necessity, TRICARE Only-Eligible Type: Requirements Est Qty: 223,600 (Option Line Item) Funded: \$0.00	218635	EA	(b) (4)		(b) (4)
401101	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item)					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	ACRN: AD Funded: \$0.00					
401102	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
4012	Clinical Reviews, Prior Authorization & Medical Necessity, Medicare Dual-Eligible Type: Requirements Est Qty: 175,700 (Option Line Item) Funded: \$0.00	233420	EA	(b) (4)		(b) (4)
401201	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
401202	MERHCF, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					
4013	Explanation of Benefits (EOB) Type: Requirements Est Qty: 5,000,000 (Option Line Item) Product/Service Code: Q201	10000000	EA	(b) (4)		(b) (4)
401301	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item)					
401302	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item)					
4014	Government Directed Mailings Type: Requirements Est Qty: 1,000,000 (Option Line Item) Product/Service Code: Q201	1250000	EA	(b) (4)		(b) (4)
401401	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item)					
401402	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item)					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
4015	Contract Data Requirements List (CDRLs), Exhibit A Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
4016	Retail Network Cost Control Incentive Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
4017	Incentive for Savings on High Cost Medications (Not Separately Priced) Product/Service Code: Q201					
4017AA	Option Period 4, Qtr 1 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		
4017AB	Option Period 4, Qtr 2 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		
4017AC	Option Period 4, Qtr 3 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		
4017AD	Option Period 4, Qtr 4 (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		
4018	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, TRICARE Only-Eligible Est Qty: 136,000 Obligated Amount: \$0.00 Product/Service Code: Q201	63757	EA	(b) (4)		(b) (4)
401801	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
401802	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
4019	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, Medicare Dual-Eligible Est Qty: 310,000 Obligated Amount: \$0.00	123840	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR						
EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Product/Service Code: Q201					
401901	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
401902	MERHCF, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					
4020	Transfer New Retail Prescription to MTF Incentive, TRICARE Only-Eligible Est Qty: 44,000 Obligated Amount: \$0.00 Product/Service Code: Q201	116	EA	(b) (4)		(b) (4)
402001	DoD Funds, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AD Funded: \$0.00					
402002	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AE Funded: \$0.00					
4021	Transfer New Retail Prescription to MTF Incentive, Medicare Dual-Eligible Est Qty: 47,000 Obligated Amount: \$0.00 Product/Service Code: Q201	108	EA	(b) (4)		(b) (4)
402101	MERHCF, FY18 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AM Funded: \$0.00					
402102	MERHCF, FY19 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AN Funded: \$0.00					
4022	Contract Phase-Out To Non-Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
4023	Contract Phase-Out To Incumbent	1	LO	(b) (4)		(b) (4)

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EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201					
4024	Implementation of Contract Changes (Not Separately Priced) Product/Service Code: Q201					
4024AA	Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
4024AB	CDRLs D030 and M150 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
4024AC	TRICARE Select Part 2 and 3 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
4024AD	CDRLs M300 and M320 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
4024AE	Reserve Component Family Benefit Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
4024AF	TSM Telecommunications (VPN Devices) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
4024AG	TSM 112, Consolidated Change 18-004 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
4024AH	Implementation of TSM99 NIST SP 800-171 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
4024AJ	EHR Refinements Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		
4024AK	Implementation, Full Deployment of DHMSM EHR (Wave 1) Obligated Amount: \$0.00	1	LO	(b) (4)		

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EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Product/Service Code: Q201					
4025	On-Going Administration of Contract Changes in OP4 Product/Service Code: Q201					
4025AC	Low Dollar Claim Audits in OP4 H.4.8. Obligated Amount: \$0.00 Product/Service Code: Q201	2	EA	(b) (4)		(b) (4)
4025AD	On-Going Administration Recoupment of Monies (TOM139) (FY18) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		
4025AE	On-Going Administration Recoupment of Monies (TOM139) (FY19) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		
4025AF	Prescription Monitoring Program (FY18) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		
4025AG	Prescription Monitoring Program (FY19) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		
4025AH	On-Going Administration OP4 (FY19) Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201	4	MO	(b) (4)		
4025AJ	Returned Pharamaceutical Credit Correction (DoD) FY18 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
4025AK	Returned Pharamaceutical Credit Correction (MERHCF) FY18 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
4025AL	Returned Pharamaceutical Credit Correction (DoD) FY19	1	LO	(b) (4)		

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OFFEROR OR CONTRACTOR						
EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 Product/Service Code: Q201					
4025AM	Returned Pharamaceutical Credit Correction (MERHCF) FY19 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
4026	TPM141/TOM194 Expanded Use of MTF/MOP in OP4 Cost of Ineligible Transfers, C.7.1.14. & H.2.2. (Not Separately Priced) Product/Service Code: Q201					
4026AA	DoD Funds, FY18 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
4026AB	MERHCF Funds, FY18 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
4026AC	DoD Funds, FY19 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
4026AD	MERHCF Funds, FY19 Obligated Amount: \$0.00 ConReq: 17560 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
4027	SCA Price Adjustment OP4 Product/Service Code: Q201					
4027AA	SCA Price Adjustment OP4 (FY18) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
4027AB	SCA Price Adjustment OP4 (FY19) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5001	Retail Network Claims, Electronic, TRICARE Only-Eligible Type: Requirements Est Qty: 28,500,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	28500000	EA	(b) (4)		(b) (4)
500101	DoD Funds, FY19					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Qty:0 and Amt: \$0.00) ACRN: AE Funded: \$0.00					
500102	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
5002	Retail Network Claims, Electronic, Medicare Dual-Eligible Type: Requirements Est Qty: 31,200,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	31200000	EA	(b) (4)		(b) (4)
500201	MERHCF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN Funded: \$0.00					
500202	MERHCF, FY20 (Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5003	Retail Claims, Paper, TRICARE Only-Eligible Type: Requirements Est Qty: 128,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	128000	EA	(b) (4)		(b) (4)
500301	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) ACRN: AE Funded: \$0.00					
500302	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
5004	Retail Claims, Paper, Medicare Dual-Eligible Type: Requirements Est Qty: 240,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	240000	EA	(b) (4)		(b) (4)
500401	MERHCF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
500402	MERHCF, FY20 (Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5005	MTF Prescriptions, Adjudication Services Type: Requirements Est Qty: 70,400,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	70400000	EA	(b) (4)		(b) (4)
500501	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) ACRN: AE Funded: \$0.00					
500502	MERHCF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN Funded: \$0.00					
500503	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
500504	MERHCF, FY20 (Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5006	Mail Order Pharmacy, Prescription Fill, TRICARE Only-Eligible Type: Requirements Est Qty: 6,500,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	6500000	EA	(b) (4)		(b) (4)
500601	DoD Funds, FY 19 (Qty:0 and Amt: \$0.00) ACRN: AE Funded: \$0.00					
500602	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
5007	Mail Order Pharmacy, Prescription Fill, Medicare Dual-Eligible Type: Requirements Est Qty: 25,400,000	25400000	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00					
500701	MERCHF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN Funded: \$0.00					
500702	MERCHF, FY20 (Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5008	Mail Order Pharmacy, Specialty Clinical Svcs, TRICARE Only-Eligible Type: Requirements Est Qty: 70,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	70000	EA	(b) (4)		(b) (4)
500801	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) ACRN: AE Funded: \$0.00					
500802	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
5009	Mail Order Pharmacy, Specialty Clinical Svcs, Medicare Dual-Eligible Type: Requirements Est Qty: 85,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	85000	EA	(b) (4)		(b) (4)
500901	MERHCF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN Funded: \$0.00					
500902	MERHCF, FY20 (Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5010	Mail Order Unreplenished Agents Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
5011	Clinical Reviews, Prior Authorization & Medical Necessity, TRICARE Only-Eligible Type: Requirements Est Qty: 177,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	210000	EA	(b) (4)		(b) (4)
501101	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) ACRN: AE Funded: \$0.00					
501102	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
5012	Clinical Reviews, Prior Authorization & Medical Necessity, Medicare Dual-Eligible Type: Requirements Est Qty: 186,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	245000	EA	(b) (4)		(b) (4)
501201	MERHCF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN Funded: \$0.00					
501202	MERHCF, FY20 (Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5013	Explanation of Benefits (EOB) Type: Requirements Est Qty: 8,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	8000000	EA	(b) (4)		(b) (4)
501301	DoD Funds, FY19 (Qty:0 and Amt: \$0.00)					
501302	DoD Funds, FY20 (Qty:0 and Amt: \$0.00)					
5014	Government Directed Mailings	1000000	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Type: Requirements Est Qty: 1,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00					
501401	DoD Funds, FY19 (Qty:0 and Amt: \$0.00)					
501402	DoD Funds, FY20 (Qty:0 and Amt: \$0.00)					
5015	Contract Data Requirements List (CDRLs), Paragraph F.2.4. Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		(b) (4)
5016	Retail Network Cost Control Incentive Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5017	Incentive for Savings on High Cost Medications, (Not Separately Priced) Product/Service Code: Q201					
5017AA	Option Period 5, Qtr 1 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5017AB	Option Period 5, Qtr 2 Obligated Amount: \$0.00 Product/Service Code: Q201 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5017AC	Option Period 5, Qtr 3 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5017AD	Option Period 5, Qtr 4 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5018	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, TRICARE Only-Eligible, Est Qty: 136,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	136000	EA	(b) (4)		(b) (4)
501801	DoD Funds, FY19 (Qty:0 and Amt: \$0.00)					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	ACRN: AE Funded: \$0.00					
501802	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
5019	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, Medicare Dual-Eligible Est Qty: 310,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	310000	EA	(b) (4)		(b) (4)
501901	MERHCF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN Funded: \$0.00					
501902	MERHCF, FY20 (Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5020	Transfer New Retail Prescription to MTF Incentive, TRICARE Only-Eligible Est Qty: 46,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	46000	EA	(b) (4)		(b) (4)
502001	DoD Funds, FY19 (Qty:0 and Amt: \$0.00) ACRN: AE Funded: \$0.00					
502002	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) ACRN: AF Funded: \$0.00					
5021	Transfer New Retail Prescription to MTF Incentive, Medicare Dual-Eligible Est Qty: 50,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	50000	EA	(b) (4)		(b) (4)
502101	MERHCF, FY19 (Qty:0 and Amt: \$0.00) ACRN: AN Funded: \$0.00					
502102	MERHCF, FY20					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Qty:0 and Amt: \$0.00) ACRN: AP Funded: \$0.00					
5022	Contract Phase-Out To Non-Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
5023	Contract Phase-Out To Incumbent Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
5024	Implementation of Contract Changes (Not Separately Priced) Product/Service Code: Q201					
5024AA	KP ACO Demonstration (Not Seperately Priced) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
5024AB	Implementation of Real Time Prescription Benefit in OP5 Obligated Amount: \$0.00 Product/Service Code: Q201 Product/Service Code: Q201	1	LO	(b) (4)		
5024AD	Implementation of EHR Wave Nellis Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5024AE	Implementation of EHR Wave Pendleton Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5024AF	Implementation of MTF to MOP Functionality at Two Additonal Sites Ft. Bragg, NC and Kessler AFB, MS (C.7.8.1.) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5024AG	Implementation of ACO Pilot Atlanta Metro Area Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5025	On-Going Administration of Contract Changes in OP5 (Not Separately Priced) Product/Service Code: Q201					
5025AA	On-Going Administration Recoupment of Monies (TOM139) (FY19)	5	MO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00					
5025AB	On-Going Administration Recoupment of Monies (TOM139) (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
5025AC	Low Dollar Claim Audits in OP5 H.4.8. Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	EA	(b) (4)		(b) (4)
5025AD	Prescription Monitoring Program (FY19) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		
5025AE	Prescription Monitoring Program (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		
5025AF	On-Going Administration OP5 (FY19) Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		
5025AG	On-Going Administration OP5 (FY20) Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		
5025AH	On-Going Administration OP5 (FY20) Real Time Prescription Benefit (RTPB) Obligated Amount: \$0.00 Product/Service Code: Q201	2	MO	(b) (4)		
5025AJ	On-Going Administration in OP5 ACO Support, Atlanta Metro Area (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201	4	EA	(b) (4)		
5026	TPM141/TOM194 Expanded Use of MTF/MOP in OP5 Cost of Ineligible Transfers, C.7.1.14. & H.2.2. (Not Separately Priced) Product/Service Code: Q201					
5026AA	DoD Funds, FY19	5	MO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00					
5026AB	MERHCF Funds, FY19 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		(b) (4)
5026AC	DoD Funds, FY20 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
5026AD	MERHCF Funds, FY20 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
5027	Administrative Fee for Market Priced Generic Drug Recommendations in OP5 Obligated Amount: \$0.00 Product/Service Code: Q201	10	EA	(b) (4)		(b) (4)
5028	Reimbursement, Sustainment Offers, Market Priced Generic Drug Dispensed at MOP in OP5 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5029	Reimbursement, Savings Offers, Market Priced Generic Drug Dispensed at MOP in OP5 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5030	Savings Incentive, Market Priced Generic Drug Dispensed at MOP in OP5 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5031	SCA Wage Determination OP5 Product/Service Code: Q201					
5031AA	SCA Wage Determination OP5 (FY19) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
5031AB	SCA Wage Determination OP5 (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6001	Retail Network Claims, Electronic, TRICARE Only-Eligible	29000000	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Type: Requirements Est Qty: 29,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00					
600101	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
600102	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG Funded: \$0.00					
6002	Retail Network Claims, Electronic, Medicare Dual-Eligible Type: Requirements Est Qty: 32,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	32000000	EA	(b) (4)		(b) (4)
600201	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
600202	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6003	Retail Claims, Paper, TRICARE Only-Eligible Type: Requirements Est Qty: 122,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	122000	EA	(b) (4)		(b) (4)
600301	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
600302	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
6004	Retail Claims, Paper, Medicare Dual-Eligible Type: Requirements Est Qty: 230,000 (Option Line Item) Funded: \$0.00	230000	EA	(b) (4)		(b) (4)
600401	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
600402	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6005	MTF Prescriptions, Adjudication Services Type: Requirements Est Qty: 73,930,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	73930000	EA	(b) (4)		(b) (4)
600501	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
600502	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
600503	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG Funded: \$0.00					
600504	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6006	Mail Order Pharmacy, Prescription Fill, TRICARE Only-Eligible Type: Requirements Est Qty: 6,800,000	6800000	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR		EXPRESS SCRIPTS INC				
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00					
600601	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
600602	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG Funded: \$0.00					
6007	Mail Order Pharmacy, Prescription Fill, Medicare Dual-Eligible Type: Requirements Est Qty: 26,750,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	26750000	EA	(b) (4)		(b) (4)
600701	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
600702	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6008	Mail Order Pharmacy, Specialty Clinical Svcs, TRICARE Only-Eligible Type: Requirements Est Qty: 72,080 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	78080	EA	(b) (4)		(b) (4)
600801	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
600802	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG Funded: \$0.00					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
6009	Mail Order Pharmacy, Specialty Clinical Svcs, Medicare Dual-Eligible Type: Requirements Est Qty: 85,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	85000	EA	(b) (4)		(b) (4)
600901	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
600902	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6010	Mail Order Unreplenished Agents Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
6011	Clinical Reviews, Prior Authorization & Medical Necessity, TRICARE Only-Eligible Type: Requirements Est Qty: 195,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	226250	EA	(b) (4)		(b) (4)
601101	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
601102	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG Funded: \$0.00					
6012	Clinical Reviews, Prior Authorization & Medical Necessity, Medicare Dual-Eligible Type: Requirements Est Qty: 204,500 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	242800	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
601201	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
601202	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6013	Explanation of Benefits (EOB) Type: Requirements Est Qty: 8,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201	8451792	EA	(b) (4)		(b) (4)
601301	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item)					
601302	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item)					
6014	Government Directed Mailings Type: Requirements Est Qty: 1,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201	1000000	EA	(b) (4)		(b) (4)
601401	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item)					
601402	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item)					
6015	Contract Data Requirements List (CDRLs), Paragraph F.2.4. Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
6016	Retail Network Cost Control Incentive (Not Separately Priced) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
6017	Incentive for Savings on High Cost Medications (Not Separately Priced) Product/Service Code: Q201					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
6017AA	Option Period 6, Qtr 1 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6017AB	Option Period 6, Qtr 2 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6017AC	Option Period 6, Qtr 3 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6017AD	Option Period 6, Qtr 4 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6018	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, TRICARE Only-Eligible Est Qty: 136,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	136000	EA	(b) (4)		(b) (4)
601801	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
601802	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG Funded: \$0.00					
6019	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, Medicare Dual-Eligible Est Qty: 310,000 Obligated Amount: \$0.00 Product/Service Code: Q201	310000	EA	(b) (4)		(b) (4)
601901	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
601902	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6020	Transfer New Retail Prescription to MTF	48000	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Incentive, TRICARE Only-Eligible Est Qty: 48,000 Obligated Amount: \$0.00 Funded: \$0.00					
602001	DoD Funds, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AF Funded: \$0.00					
602002	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AG Funded: \$0.00					
6021	Transfer New Retail Prescription to MTF Incentive, Medicare Dual-Eligible Est Qty: 53,000 Obligated Amount: \$0.00 Funded: \$0.00	53000	EA	(b) (4)		(b) (4)
602101	MERHCF, FY20 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AP Funded: \$0.00					
602102	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
6022	Contract Phase-Out To Non-Incumbent, Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
6023	Contract Phase-Out To Incumbent, Type: Firm Fixed Price (Option Line Item) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
6024	Implementation of Contract Changes (Not Separately Priced) Product/Service Code: Q201					
6024AA	Implementation of Conract Changes Implementation of FTDL IMS Obligated Amount: \$0.00	1	LO	(b) (4)		
6024AB	Implementation of Contract Changes Implementation of HL7IMM Obligated Amount: \$0.00	1	LO	(b) (4)		

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
6024AC	Implementation of EHR Wave San Diego Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6024AD	Implementation of EHR Wave Bliss Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6024AE	Implementation of EHR Wave Carson Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6024AG	CDRLs M200, M210, M320, M360, M370 TPharm Updates Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6025AH	Implementation of eSD Access for the KP ACO Demonstration Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
6025	On-Going Administration of Contract Changes in OP6 (Not Separately Priced) Product/Service Code: Q201					
6025AA	On-Going Administration Recoupment of Monies (TOM139) (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		(b) (4)
6025AB	On-Going Administration Recoupment of Monies (TOM139) (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
6025AC	Low Dollar Claim Audits in OP6 H.4.8. Obligated Amount: \$0.00 Product/Service Code: Q201	1	EA	(b) (4)		(b) (4)
6025AF	Prescription Monitoring Program (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		(b) (4)
6025AG	Prescripition Monitoring Program (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
6025AH	On-Going Administration OP6 (FY20) Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
6025AJ	On-Going Administration OP6 (FY21) Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
6025AK	On-Going Administration in OP6 (FY20) Real Time Prescription Benefit (RTPB) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
6025AL	On-Going Administration in OP6 (FY21) Real Time Prescription Benefit (RTPB) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
6025AM	On-Going Administration in OP6 ACO Support, Atlanta Metro Area (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		
6025AN	On-Going Administration in OP6 ACO Support, Atlanta Metro Area (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		
6025AP	CDRL A160 MOU TRICARE Select Navigator Contractor (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201	4	MO	(b) (4)		
6025AQ	CDRL A160 MOU TRICARE Select Navigator Contractor (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		
6026	TPM141/TOM194 Expanded Use of MTF/MOP in OP6 Cost of Ineligible Transfers, C.7.1.14. & H.2.2. (Not Separately Priced) Product/Service Code: Q201					
6026AA	DoD Funds, FY20 Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
6026AB	MERHCF Funds, FY20 Obligated Amount: \$0.00	5	MO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC							
Item No. (A)	Supplies/Services (B)		Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)

	Product/Service Code: Q201					
6026AC	DoD Funds, FY21 Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
6026AD	MERHCF Funds, FY21 Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
6027	Administrative Fee for Market Priced Generic Drug Recommendations in OP6 Product/Service Code: Q201					
6027AA	Accepted Offers in OP6 May 1 to September 30, 2020 (FY20) Obligated Amount: \$0.00 Product/Service Code: Q201	100	EA	(b) (4)		
6027AB	Accepted Offers in OP6 October 1, 2020 to April 30, 2021 (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201	140	EA	(b) (4)		
6028	Reimbursement, Accepted Offers, Market Priced Generic Drug Dispensed at MOP in OP6 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		
602801	DoD Funds (FY20) (Qty:0 and Amt: \$0.00)					
602802	MERHCF Funds (FY20) (Qty:0 and Amt: \$0.00)					
602803	DoD Funds (FY21) (Qty:0 and Amt: \$0.00)					
602804	MERHCF (FY21) (Qty:0 and Amt: \$0.00)					
6029	Reserved (Not Separately Priced) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
602901	DoD Funds (FY20) (Qty:0 and Amt: \$0.00)					
602902	MERHCF Funds (FY20) (Qty:0 and Amt: \$0.00)					
602903	DoD Funds (FY21) (Qty:0 and Amt: \$0.00)					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
602904	MERHCF Funds (FY21) (Qty:0 and Amt: \$0.00)					
6030	Reserved (Not Separately Priced) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
603001	DoD Funds (FY20) (Qty:0 and Amt: \$0.00)					
603002	MERHCF Funds (FY20) (Qty:0 and Amt: \$0.00)					
603003	DoD Funds (FY21) (Qty:0 and Amt: \$0.00)					
603004	MERHCF Funds (FY21) (Qty:0 and Amt: \$0.00)					
7001	Retail Network Claims, Electronic, TRICARE Only-Eligible Type: Requirements Est Qty: 29,500,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	29500000	EA	(b) (4)		(b) (4)
700101	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					
700102	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH Funded: \$0.00					
7002	Retail Network Claims, Electronic, Medicare Dual-Eligible Type: Requirements Est Qty: 32,500,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	32500000	EA	(b) (4)		(b) (4)
700201	MERHCF, FY21 (Qty:0 and Amt: \$0.00) (Option Line Item) ACRN: AQ Funded: \$0.00					
700202	MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
7003	Retail Claims, Paper, TRICARE Only-Eligible Type: Requirements Est Qty: 116,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	116000	EA	(b) (4)		(b) (4)
700301	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					
700302	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH Funded: \$0.00					
7004	Retail Claims, Paper, Medicare Dual-Eligible Type: Requirements Est Qty: 215,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	215000	EA	(b) (4)		(b) (4)
700401	MERCHF, FY21 (Qty:0 and Amt: \$0.00) ACRN: AQ Funded: \$0.00					
700402	MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					
7005	MTF Prescriptions, Adjudication Services Type: Requirements Est Qty: 77,600,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	77600000	EA	(b) (4)		(b) (4)
700501	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					
700502	MERHCF, FY21 (Qty:0 and Amt: \$0.00) ACRN: AQ Funded: \$0.00					
700503	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
700504	MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					
7006	Mail Order Pharmacy, Prescription Fill, TRICARE Only-Eligible Type: Requirements Est Qty: 7,200,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7200000	EA	(b) (4)		(b) (4)
700601	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					
700602	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH Funded: \$0.00					
7007	Mail Order Pharmacy, Prescription Fill, Medicare Dual-Eligible Type: Requirements Est Qty: 28,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	28000000	EA	(b) (4)		(b) (4)
700701	MERHCF, FY21 (Qty:0 and Amt: \$0.00) ACRN: AQ Funded: \$0.00					
700702	MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					
7008	Mail Order Pharmacy, Specialty Clinical Svcs, TRICARE Only-Eligible Type: Requirements Est Qty: 76,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	82000	EA	(b) (4)		(b) (4)
700801	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
700802	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH Funded: \$0.00					
7009	Mail Order Pharmacy, Specialty Clinical Svcs, Medicare Dual-Eligible Type: Requirements Est Qty: 88,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	88000	EA	(b) (4)		(b) (4)
700901	MERHCF, FY21 (Qty:0 and Amt: \$0.00) ACRN: AQ Funded: \$0.00					
700902	700902 MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					
7010	Mail Order Unreplenished Agents Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7011	Clinical Reviews, Prior Authorization & Medical Necessity, TRICARE Only-Eligible Type: Requirements Est Qty: 214,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	220000	EA	(b) (4)		(b) (4)
701101	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					
701102	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH Funded: \$0.00					
7012	Clinical Reviews, Prior Authorization & Medical Necessity, Medicare Dual-Eligible Type: Requirements Est Qty: 225,500 Obligated Amount: \$0.00 Product/Service Code: Q201	235000	EA	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
701201	MERHCF, FY21 (Qty:0 and Amt: \$0.00) ACRN: AQ Funded: \$0.00					
701202	MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					
7013	Explanation of Benefits (EOB) Type: Requirements Est Qty: 8,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	8000000	EA	(b) (4)		(b) (4)
701301	DoD Funds, FY21 (Qty:0 and Amt: \$0.00)					
701302	DoD Funds, FY22 (Qty:0 and Amt: \$0.00)					
7014	Government Directed Mailings Type: Requirements Est Qty: 1,000,000 Obligated Amount: \$0.00 Product/Service Code: Q201	1000000	EA	(b) (4)		(b) (4)
701401	DoD Funds, FY21 (Qty:0 and Amt: \$0.00)					
701402	DoD Funds, FY22 (Qty:0 and Amt: \$0.00)					
7015	Contract Data Requirements List (CDRLs), Paragraph F.2.4. Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7016	Retail Network Cost Control Incentive (Not Separately Priced) Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		(b) (4)
7017	Incentive for Savings on High Cost Medications (Not Separately Priced) Product/Service Code: Q201					
7017AA	Option Period 7, Qtr 1 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
7017AB	Option Period 7, Qtr 2 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7017AC	Option Period 7, Qtr 3 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7017AD	Option Period 7, Qtr 4 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7018	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, TRICARE Only-Eligible Est Qty: 136,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	136000	EA	(b) (4)		(b) (4)
701801	DoD Funds, FY21 (Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					
701802	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH Funded: \$0.00					
7019	Transfer New Retail Prescription to Mail Order Pharmacy Incentive, Medicare Dual-Eligible Est Qty: 310,000 Obligated Amount: \$0.00 Product/Service Code: Q201	310000	EA	(b) (4)		(b) (4)
701901	MERHCF, FY21 (Qty:0 and Amt: \$0.00) ACRN: AQ Funded: \$0.00					
701902	MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					
7020	Transfer New Retail Prescription to MTF Incentive, TRICARE Only-Eligible Est Qty: 50,000 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	50000	EA	(b) (4)		(b) (4)
702001	DoD Funds, FY21					

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Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Qty:0 and Amt: \$0.00) ACRN: AG Funded: \$0.00					
702002	DoD Funds, FY22 (Qty:0 and Amt: \$0.00) ACRN: AH Funded: \$0.00					
7021	Transfer New Retail Prescription to MTF Incentive, Medicare Dual-Eligible Est Qty: 56,000 Obligated Amount: \$0.00 Product/Service Code: Q201	56000	EA	(b) (4)		(b) (4)
702101	MERHCF, FY21 (Qty:0 and Amt: \$0.00) ACRN: AQ Funded: \$0.00					
702102	MERHCF, FY22 (Qty:0 and Amt: \$0.00) ACRN: AS Funded: \$0.00					
7022	Contract Phase-Out To Non-Incumbent Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		(b) (4)
7023	Contract Phase-Out To Incumbent Type: Firm Fixed Price Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	LO	(b) (4)		(b) (4)
7024	Implementation of Contract Changes (Not Separately Priced) Product/Service Code: Q201					
7024AA	Implementation of EHR Wave SAMMC Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7024AB	Implementation of EHR Wave Lackland Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7024AC	Implementation of EHR Wave Hawaii Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7024AD	Implementation of EHR Wave Bragg & Hood Obligated Amount: \$0.00	1	LO	(b) (4)		(b) (4)

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OFFEROR OR CONTRACTOR EXPRESS SCRIPTS INC						
Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Product/Service Code: Q201					
7024AE	Implementation of EHR Wave Beaumont & Gordon Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7024AF	Implementation of EHR Wave Elgin & Jacksonville Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7024AG	Implementation of LBL removal and addition of one-tie PA load Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7024AH	Implementation of TOM283 and TSM141, Suspended Providers and Pharmacies Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7025	On-Going Administration of Contract Changes in OP7 (Not Separately Priced) Product/Service Code: Q201					
7025AA	On-Going Administration Recoupment of Monies (TOM139) (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		(b) (4)
7025AB	On-Going Administration Recoupment of Monies (TOM139) (FY22) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
7025AC	Low Dollar Claim Audits in OP7 H.4.8. Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	1	EA	(b) (4)		(b) (4)
7025AF	Prescription Monitoring Program (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		(b) (4)
7025AG	Prescription Monitoring Program (FY22) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)

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Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
7025AH	On-Going Administration OP7 (FY21) Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		(b) (4)
7025AJ	On-Going Administration OP7 (FY22) Prescription Drug Monitoring Program (PDMP) Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
7025AK	On-Going Administration OP7 in (FY21) Real Time Prescription Benefit (RTPB) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
7025AL	On-Going Administration OP7 in (FY22) Real Time Prescription Benefit (RTPB) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
7025AM	On-Going Administration in OP7 ACO Support, Atlanta Metro Area (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
7025AN	On-Going Administration in OP7 ACO Support, Atlanta Metro Area (FY22) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
7025AP	CDRL A160 MOU TRICARE Select Navigator Contractor (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)
7025AQ	CDRL A160 MOU TRICARE Select Navigator Contractor (FY22) Obligated Amount: \$0.00 Product/Service Code: Q201	7	MO	(b) (4)		(b) (4)
7026	TPM141/TOM194 Expanded Use of MTF/MOP in OP7 Cost of Ineligible Transfers, C.7.1.14. & H.2.2. (Not Separately Priced) Product/Service Code: Q201					
7026AA	DoD Funds, FY21 Obligated Amount: \$0.00 Product/Service Code: Q201	5	MO	(b) (4)		(b) (4)

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Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	Funded: \$0.00					
7026AB	MERHCF Funds, FY21 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	5	MO	(b) (4)		(b) (4)
7026AC	DoD Funds, FY22 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
7026AD	MERHCF Funds, FY22 Obligated Amount: \$0.00 Product/Service Code: Q201 Funded: \$0.00	7	MO	(b) (4)		(b) (4)
7027	Administrative Fee for Market Priced Generic Drug Recommendations in OP7 (Not Separately Priced) Product/Service Code: Q201					
7027AA	Accepted Offers in OP7 May 1, 2021 to September 30, 2021 (FY21) Obligated Amount: \$0.00 Product/Service Code: Q201	100	EA	(b) (4)		(b) (4)
7027AB	Accepted Offers in OP7 October 1, 2021 to April 30, 2022 (FY22) Obligated Amount: \$0.00 Product/Service Code: Q201	140	EA	(b) (4)		(b) (4)
7028	Reimbursement, Accepted Offers, Market Priced Generic Drug Dispensed at MOP in OP7 Obligated Amount: \$0.00 Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
702801	DoD Funds (FY21) (Qty:0 and Amt: \$0.00)					
702802	MERHCF Funds (FY21) (Qty:0 and Amt: \$0.00)					
70803	DoD Funds (FY22) (Qty:0 and Amt: \$0.00)					
702804	MERHCF Funds (FY22) (Qty:0 and Amt: \$0.00)					
7029	Reserved (Not Separately Priced) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
702901	DoD Funds (FY21)					

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Item No. (A)	Supplies/Services (B)	Quantity (C)	Unit (D)	Unit Price (E)		Amount (F)
	(Qty:0 and Amt: \$0.00)					
702902	MERHCF Funds (FY21) (Qty:0 and Amt: \$0.00)					
702903	DoD Funds (FY22) (Qty:0 and Amt: \$0.00)					
702904	MERHCF Funds (FY22) (Qty:0 and Amt: \$0.00)					
7030	Reserved (Not Separately Priced) Product/Service Code: Q201	1	LO	(b) (4)		(b) (4)
7030001	DoD Funds (FY21) (Qty:0 and Amt: \$0.00)					
703002	MERHCF Funds (FY21) (Qty:0 and Amt: \$0.00)					
703003	DoD Funds (FY21) (Qty:0 and Amt: \$0.00)					
703004	MERHCF Funds (FY22) (Qty:0 and Amt: \$0.00)					
	Accounting Summary					
	AA 9715150130.1889.102000 \$0.00					
	AB 9716160130.1889.102000 \$0.00					
	AC 9717170130.1889.102000 \$0.00					
	AD 9718180130.1889.102000 \$0.00					
	AE 9719190130.1889.102000 \$0.00					
	AF 9720200130.1889.102000 \$0.00					
	AG 9721210130.1889.102000 \$0.00					
	AH 9722220130.1889.102000 \$0.00					
	AJ 97XXXX5472.18D9.000000 (FY15) \$0.00					
	AK 97XXXX5472.18D9.000000 (FY16) \$0.00					
	AL 97XXXX5472.18D9.000000 (FY17) \$0.00					
	AM 97XXXX5472.18D9.000000 (FY18) \$0.00					
	AN 97XXXX5472.18D9.000000 (FY19) \$0.00					
	AP 97XXXX5472.18D9.000000 (FY20) \$0.00					
	AQ 97XXXX5472.18D9.000000 (FY21) \$0.00					
	AS 97XXXX5472.18D9.000000 (FY22) \$0.00					

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SECTION C
DESCRIPTION / SPECIFICATION / STATEMENT OF WORK

C.1. Program Description

C.1.1. TRICARE is the Department of Defense (DoD) health care program administered by the TRICARE Management Activity (TMA) (any reference to “TRICARE Management Activity” or “TMA” hereafter means “Defense Health Agency”) by means of the Military Health System (MHS) for approximately 9.6 million active duty and retired members of the Uniformed Services (the U.S. Army, the U.S. Navy, the U.S. Air Force, the U.S. Marine Corps, the U. S. Coast Guard, the Commissioned Corps of the Public Health Service and the Commissioned Corps of the National Oceanic and Atmospheric Administration), their spouses and children, including TRICARE for Life beneficiaries entitled to Medicare Part A and Part B based on their age, disability and/or end-stage renal disease. Also eligible are Medal of Honor recipients. The TRICARE Pharmacy Program is authorized under 10 USC 1074g and 32 C.F.R. 199.21.

C.1.2. The mission of the MHS is to enhance DoD readiness and national security by providing health support for the full range of military operations. The MHS must be prepared not only to provide a high quality, cost-effective health care benefit to its eligible members during peacetime, but also must be prepared to support the armed forces during exercises, contingencies, operations other than war, and in wartime. The MHS provides quality medical care through: (1) a network of health care providers and pharmacies in the United States and its territories; and (2) direct care Military Treatment Facilities (MTFs) – (hospitals, health and dental clinics) in the United States and overseas. While the number and size of direct care facilities has declined in recent years, it remains important that MTFs are optimized in order to maintain the clinical skills of military clinical staff to support medical readiness. The direct care system cannot fully support the total demand for health care services; therefore, TRICARE uses the direct care system as the main delivery system, and through contracts, augments the direct care system through a civilian network of providers and facilities serving its eligible members.

C.1.3. TRICARE provides a world-class pharmacy benefit to all eligible beneficiaries through the integration of state of the art technologies to enhance patient safety, efficiency, and cost-effectiveness. DoD administers an integrated TRICARE Pharmacy Benefits Program offering pharmacy services through direct care pharmacy services at MTFs located at various military bases, retail network pharmacies, authorized retail non-network pharmacies, or delivery through the TRICARE Home Delivery/Mail Order Pharmacy (TMOP). Retail network pharmacy services are currently available in all 50 states and the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

C.1.4. Features of the pharmacy benefits program include the use of the DoD Uniform Formulary, a tiered cost sharing structure, and a preference for generic over branded products. The DoD formulary is managed by the DoD Pharmacy and Therapeutics (P&T) Committee and lists the pharmaceutical agents, by therapeutic classes, that are authorized as basic program benefits. Prescriptions for selected pharmaceutical agents may be subject to prior authorization or utilization review requirements to assure medical necessity, clinical appropriateness and/or cost-effectiveness. DoD has established tiered cost-sharing by which beneficiaries partially defray costs of administering the pharmacy benefits program. Cost-sharing amounts differ based on the classification of a pharmaceutical agent as generic, formulary, or non-formulary, in conjunction with the point of service from which the agent is acquired. The mail order and retail portions of this benefit are open to all eligible TRICARE beneficiaries. Eligible beneficiaries need not enroll in order to use the program(s). As authorized by NDAA 2018, Section 702 (b)(2), effective December 11, 2018, the P&T Committee may designate certain pharmaceutical agents as non-covered and beneficiaries will be responsible to pay the full cost of medications.

SECTION C
DESCRIPTION / SPECIFICATION / STATEMENT OF WORK

C.1.5. The Contractor will perform pharmacy benefits management functions, including the following: perform claims adjudication, administer a retail pharmacy network, operate TMOP, provide clinical services for specialty pharmaceuticals, process direct member reimbursements for claims filled at retail network and non-network pharmacies, perform clinical reviews and provide beneficiary and pharmacy support services. The Contractor shall transmit all claim information to the Pharmacy Data Transaction Service (PDTs), the Government's designated data warehouse.

C.1.6. The Contractor will also perform as a fiscal intermediary on behalf of DoD to pay for all authorized pharmaceuticals and supplies dispensed for eligible beneficiaries at retail pharmacies. Government funds, either appropriated or derived from the Medicare-eligible Retiree Health Care Fund, will be used by the Contractor to pay for all TRICARE prescriptions dispensed by network and non-network retail pharmacies. The Contractor will be paid fees at the contracted rate for performing administrative services under the contract. The fees paid to the Contractor will not be related directly or indirectly to the Government's acquisition costs of pharmaceuticals under Section 603 of the Veterans Health Care Act of 1992, or Section 201(a) of the Federal Property and Administrative Services Act of 1949. Upon verification of the patient's eligibility and acceptance of the TRICARE Encounter Data (TED) record, the Contractor will forward payment using Government funds to pay for each TRICARE prescription dispensed at retail network pharmacies. Therefore, the Government will be acquiring covered drugs with Government funds for use by the Government.

C.2. Statement of Objectives

The following objectives identify the desired outcomes of this contract and are supported by the technical requirements in Section C:

1. Provide comprehensive pharmacy benefit management services that are efficient, accurate, cost-effective, and maximize patient safety.
2. Provide comprehensive mail order and specialty pharmacy fulfillment services that are efficient, accurate, cost-effective, and maximize patient safety.
3. Provide comprehensive beneficiary education and services that are efficient, accurate, cost-effective, and maximize patient safety and satisfaction.
4. Provide effective management and quality controls and oversight for all services provided.

C.3. Definitions

Definitions specific to this contract, or not otherwise in Appendix B of the TRICARE Operations Manual, are provided in J-1.

C.4. Government-Furnished Information

C.4.1. The Contractor shall connect to the Defense Enrollment Eligibility Reporting System (DEERS), according to the requirements established in the TRICARE Systems Manual.

SECTION C
DESCRIPTION / SPECIFICATION / STATEMENT OF WORK

C.4.2. The Government will provide licenses for the Contractor to access and use DEERS applications, including but not limited to General Inquiry to DEERS (GIQD), Catastrophic Cap and Deductible Database (CCDD), and Other Health Insurance Standard Insurance Table (OHI/SIT).

C.4.3. The Government will provide quarterly beneficiary address updates, in accordance with the Memorandum of Understanding and Data Use Agreement between TMA and the Defense Manpower Data Center (DMDC).

C.4.4. The Government will provide access to a medical pricing catalog to be used for TMOP replenishment and for adjudicating MTF CHCS claims. From the beginning of pharmacy services the DLA Managed Care Pricing File (MCPF) was used to perform these functions. Beginning March 1, 2018, or a subsequent date, mutually agreed to by DLA, DHA and the contractor, the DLA Medical Master Catalog (elsewhere referred to as the medical pricing catalog) will be used.

C.4.5. The Government will provide a quarterly data file with the names and addresses of newly eligible and newly retired beneficiaries for the Contractor's use in performing the mailings described under C.10.4.1.

C.4.6. The Government will provide a quarterly data file for beneficiary mailings related to formulary changes, described under C.10.4.3.

C.4.7. The Government will provide a monthly beneficiary zip code file identifying the number of beneficiaries residing in each zip code, for evaluating and reporting on compliance with network access standards.

C.4.8. The TMA Beneficiary Education & Support Division (BE&S) will design, develop, and print all beneficiary educational materials, including written materials, briefings, and other methods of publicizing the TRICARE benefit, excluding letters and other communication pieces required under this contract. The Government will provide an electronic portal where printed items can be ordered by the Contractor.

C.4.9. The Government will provide the PDTS Data Dictionary and Data Schema, as described under C.12.4.2.

C.4.10. Before the start of pharmacy services, the Government will provide (via previous contractors) batch files containing all retail, mail and MTF claims along with prior authorization and medical necessity determinations for the past two year period. The Government (via the outgoing contractor) will also provide an OHI data file.

C.5. Requirement Documents

C.5.1. Statutory and Regulatory Authority:

- 10 U.S.C. 1074g
- 32 C.F.R. 199
- 10 U.S.C. 1086
- 38 U.S.C. 8126

When changes are made to the above statutes or regulations, there will be no change to the contract unless implemented by contract modification.

C.5.2. The following documents are hereby incorporated by reference and made a part of Section C:

HT9402-14-D-0002

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- TRICARE Operations Manual (TOM) 6010.56-M dated February 1, 2008, from change 117 to include all Manual changes incorporated into the contract.
- TRICARE Policy Manual (TPM) 6010.57-M dated February 1, 2008, from change 106 to include all Manual changes incorporated into the contract.
- TRICARE Reimbursement Manual (TRM) 6010.58-M dated February 1, 2008, from change 93 to include all Manual changes incorporated into the contract.
- TRICARE Systems Manual (TSM) 7950.2-M dated February 1, 2008 (except DIACAP guidance in Chapter 1, Section 1.1, P3.4 & 3.5.1-3.5.1.7), from change 56 to include all Manual changes incorporated into the contract.

In the event of conflict, the TRICARE Policy Manual shall take precedence over the other three TRICARE Manuals. The TRICARE Reimbursement Manual shall take precedence over the TRICARE Systems Manual and the TRICARE Operations Manual. The TRICARE Systems Manual shall take precedence over the TRICARE Operations Manual.

C.6. Pharmacy Benefits Management Services

C.6.1. General Claims Processing

C.6.1.1. The Contractor shall provide mail order pharmacy (including specialty pharmacy) services, a retail pharmacy network, claims adjudication for MTF claims and Pharmacy Benefit Management (PBM) services as specified herein. Unless stated otherwise, claims adjudication includes processes outlined in C.6.1.4 - C.6.1.7 and C.6.1.10, consisting of eligibility check, application of the correct copayment, identification of other health insurance (OHI), benefit design edits, prospective drug utilization review and application of catastrophic cap updates.

C.6.1.2. The Contractor shall accept and process claims submitted by retail network pharmacies, the TMOP, MTF pharmacies, by beneficiaries for direct reimbursement (including non-network), or as batch files from the Department of Veterans Affairs (DVA) or State Medicaid Agencies.

C.6.1.3. The Contractor shall provide 24 hours a day, 7 days a week claims processing for all locations, excluding downtimes for scheduled maintenance. The Contractor's claims processing system shall be available no less than 99.5% of the time. The system is considered to be unavailable when the failure rate for claims exceeds 25% for at least 30 minutes. The Contractor shall schedule maintenance windows to coincide or overlap with DEERS maintenance windows, as described in TSM Chapter 3, Section 1.3. DEERS will attempt to accommodate the Contractor's needs when establishing a maintenance schedule. The Contractor shall provide reporting on system availability performance (Contract Data Requirements List (CDRL M030)). At the request of the Government, the Contractor shall provide documentation of reported downtime, including detailed explanation of the causes.

C.6.1.3.1. The Contractor will notify by email any host site identified in Attachment J-3 which support electronic transfer of MTF claims to TMOP (C.7.8.), of any unscheduled downtime lasting longer than 30 minutes; and provide an estimate of when the system will once again be available for use. Updates on system availability will be provided to these host sites, if the downtime last longer than two hours.

C.6.1.4. The Contractor shall interface with the DEERS to verify eligibility, update the CCDD file, and check for OHI when processing claims for TMOP or retail network pharmacies. The Contractor shall use the applications described in the TOM and TSM.

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C.6.1.5. The Contractor shall process claims submitted using either the beneficiary's social security number (SSN) or an alternative government identification number up to 12 digits in length, such as the DoD Benefits Number (DBN). The primary identifier used by the Contractor shall be the DEERS ID, as described in the TSM and the Contractor's system shall link the identifier transmitted by the pharmacy with the DEERS ID. The Contractor shall dynamically link all variations of patient IDs to ensure a single patient-centric perspective.

C.6.1.6. The Contractor shall not authorize payment for a prescription prior to verifying eligibility, except at the direction of the Government. In some cases, the Government may authorize the Contractor to process a set of claims regardless of DEERS eligibility or date of service.

C.6.1.7. The Contractor shall use the beneficiary's catastrophic cap and deductible (CC&D) status to apply the correct copayment and deductible. The Contractor will then update the CC&D file in accordance with the TSM. Catastrophic caps for beneficiaries covered under the Continued Health Care Benefits Program (CHCBP) shall be maintained in accordance with TOM Chapter 23, Section 3. Notwithstanding the language in TOM Chapter 23, Section 3, ¶ 3.2, the CHCBP file exchange will be performed on a weekly basis. The Contractor shall receive and provide reporting on the maintenance of CHCBP catastrophic caps (CDRL Q170).

C.6.1.7.1. Special Instructions for CHCBP during the Dual Processing Period

1. At the beginning of healthcare delivery for the T-2017 managed care services (MCS) contracts, the T-3 and T-2017 MCSCs will dual process medical claims, in order to provide current, accurate and complete CHCBP data. This means that until the claims runoff period is complete, the outgoing MCS contractor will process and share CHCBP information for T3 claims and provide responses regarding T3 claims; and the incoming MCS contractor will process and share CHCBP information for T-2017 claims and provide response for T-2017 claims. Once runoff is complete, the incoming T-2017 MCS contractor assumes the responsibility of providing responses for all CHCBP claims. The runoff period is tentatively expected to last for 180 days beginning with the new MCS contractor's healthcare delivery start date (January 1, 2018 - June 30, 2018), however the Government will notify the pharmacy contractor of the specific dates when the dual processing period begins and when it is complete, at which time normal processing per C.6.1.7 and TOM Chap 23, Section 3 will resume. Metrics for file completion and any associated actions (i.e. reimbursement or recoupment actions based upon CHCBP CC&D totals) will not change during this dual processing period. The pharmacy contractor will provide to the MCSCs the files in the mutually agreed upon formats, covering the mutually agreed set of claims.
2. The contractor will continue to provide the outgoing MCS contractor with the weekly CHCBP file in its current format for the duration of the runoff period. The outgoing MCS contractor will provide a weekly response file to the pharmacy contractor until the end date of the runoff period.
3. The contractor will provide the incoming T-2017 MCS contractor with the weekly CHCBP file using the NDAA 2017 format to be provided by the Government. The incoming T-2017 MCS contractor will provide a weekly response file to the pharmacy contractor.

C.6.1.8. During contract phase-in, the Contractor shall provide estimates to DMDC on projected DEERS query volume over the period of performance. Throughout the period of performance, the Contractor shall investigate and revise these estimates as necessary when they differ significantly from actual volumes reported by DEERs. The values included in these estimates shall align with CDRL M350. The Contractor shall minimize queries to DEERS for transactions not authorizing payment and as a result of timed-out transactions.

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C.6.1.8.1. The Contractor shall also participate in regular integration testing meetings as directed by the Government throughout the duration of the contract. Daily meetings will occur during integration and transition to biweekly for maintenance.

C.6.1.9. The Contractor's OHI file shall be the system of record. The Contractor's information must be transmitted to DEERS in accordance with TSM Chapter 3, Section 1.4. In the event that OHI records in DEERS are inconsistent with the Contractor's system, the Contractor shall, as part of the claims adjudication process, determine which source is the most reliable. Post-adjudication, the Contractor shall perform reviews to ensure the claim processed correctly and update either system as necessary to maintain consistency. The Contractor shall review its proposed process with the Government during contract phase-in and systems integration.

C.6.1.10. The Contractor shall conduct Prospective Drug Utilization Review (ProDUR) on dispensing transactions submitted by the three points of service: MTF, TMOP, and Retail network pharmacies. As part of the adjudication process, the ProDUR shall evaluate the new prescription against the patient's current drug regimen and return appropriate clinical warnings or administrative alerts. The Contractor shall also perform other real-time edits that may be specific to DoD and fall outside standard commercial practice, including Prescription Restriction Program restrictions and safety reviews established through the Uniform Formulary process. The Contractor shall support ProDUR business rules specific to the point of service.

C.6.1.11. The Contractor shall monitor State of Emergency declarations issued by Federal and State Governments and make timely recommendations to the Government for implementation of "Emergency Refill Too Soon Procedures" for areas placed under a state of emergency. The recommendation will include the designated ending date for the state of emergency. Upon approval by the Government, the Contractor shall have the capability to bypass the refill too soon edit and allow the refill to be processed for areas covered by the state of emergency.

C.6.1.12. Claims for infused and injectable pharmaceutical agents shall be processed in accordance with the TPM, Chapter 8, Section 9.1 and Section 20.1.

C.6.1.13. Copayments shall be charged to beneficiaries in accordance with the TRM, Chapter 2, Addendum B. The Contractor shall not collect any additional fees, rebates, discounts, or premiums specific to processing TRICARE prescriptions other than recoveries (payable to the U.S. Treasury) resulting from audits of network pharmacies. The Contractor shall not negotiate or collect any pharmaceutical rebates, data-use rebates, or vendor charge-backs of any type from pharmaceutical manufacturers, wholesalers, and/or network pharmacies on behalf of the Government or for itself in regard to the services performed under this contract. The prohibitions cited herein against earning an additional fee, and negotiating with pharmaceutical manufactures or wholesalers do not apply to the task(s) described in C.7.11.2.1.

C.6.1.14. The Contractor shall maintain a current benefit design document, including formulary restrictions by category. The Contractor's presentation of the benefit design within this document shall remain consistent with the elements of the document initially provided by the Government and shall be in a format agreed to by the Government. The current benefit design document shall be readily accessible for the Government's review. The Contractor shall maintain a current version of the retail Payer Sheet (CDRL A080) distributed to retail network pharmacies, and the MTF Payer Sheet (CDRL A081) used under the DHMSM EHR, both of which shall also be made available to the Government and the DHMSM contractor. The combination of the benefit design document, payer sheet, and the interface control documents described in C.12 shall provide comprehensive documentation of the Contractor's adjudication

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system and allow the government to accurately assess how any given claims processing scenario will adjudicate.

C.6.1.15. The Contractor shall dispense prescriptions in accordance with the TRICARE pharmacy program's mandatory generic substitution policy, per 32 CFR 199.21. The Contractor shall not accept Dispense as Written (DAW) 1 codes but may accept other DAW codes when mandated by state law.

C.6.1.16. During the period of performance, the Contractor shall be responsible for processing claims for dates of service prior to the start of pharmacy services under this contract. This includes initial submission of claims; and also any adjustments, corrections, or cancellations necessary for claims previously processed to completion by the outgoing Contractor. If/when the Contractor receives a claim to process that is greater than two years old and the Contractor did not receive relevant information during phase-in; the Contractor will do the necessary research to process the claim. All claims shall be processed according to benefit design and formulary restrictions in effect on the date of service.

C.6.1.17. For compounded medications, the Contractor shall:

C.6.1.17.1. Support benefit design edits applied to each individual ingredient in the compound segment of the National Council for Prescription Drug Program (NCPDP) D.0 transaction standard. Beginning May 1, 2015, compound prescription claims will be reviewed by an initial electronic screening. As of May 11, 2015 the Contractor will apply industry best practices, to include use of its commercial Compound Management Program Standard Exclusion List, when performing an initial screening of these prescriptions. Beginning January 1, 2016, the contractor will add to or delete items on this commercial exclusion list as directed by the Government. Such changes will be implemented for use in the initial screening of compound prescriptions within 30 days of receiving Government direction.

C.6.1.17.2. Screen individual ingredients on dispensed compound prescriptions, to ensure the claim submitted does not exceed the pricing standard established in ESI network agreements, for purposes of calculating and/or adjusting payments made to retail pharmacies as described in G.11.

C.6.1.17.3. The screening of individual ingredients under C.6.1.17.1. also applies to dispensed compound prescriptions from MTFs processed under the EHR.

C.6.1.18. The Contractor shall provide the Government with licenses to Medispan and First Data Bank for purposes of calculating the Retail Network Cost Control Incentive.

C.6.1.19. The Contractor shall submit a TED record for all paid claims and clinical reviews conducted under this contract (See C.15.2).

C.6.2. Other Health Insurance

C.6.2.1. The Contractor shall implement processes to maximize the identification of OHI, including but not limited to utilizing commercial services or data sources. When new OHI is identified, the Contractor shall pursue recoupment for past claims and build out the beneficiary's profile for future claims. In all cases where possible OHI is identified, including but not limited to leads provided by the Managed Care Support Contractors (MCSC) or pharmaceutical manufacturers, the Contractor shall investigate and develop OHI records in accordance with TOM, Chapter 23, Section 3, TOM Chapter 10, Section 5, and TRM, Chapter 4. When the Contractor identifies beneficiary OHI through sources other than DEERS (e.g., claim forms, beneficiary declarations, Contractor's internal files), it shall forward the OHI

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information to DEERS in accordance with the TSM. The Contractor shall provide a reporting to the Government on OHI development (CDRL Q190).

C.6.2.2. A beneficiary with OHI cannot use TMOP, unless the OHI does not cover the prescribed pharmaceutical (either by the benefit design or denied (coverage review) or the beneficiary has exhausted the benefits under the OHI. To receive TRICARE coverage of pharmaceuticals dispensed through the TMOP, beneficiaries with OHI must submit documentation to the Contractor showing that the OHI does not cover the prescribed item, or documentation such as an Explanation of Benefits (EOB) indicating that coverage has been exhausted. In cases where the Contractor is also the PBM for the OHI, it may provide such documentation in place of the beneficiary. The Contractor shall electronically or manually coordinate benefits for the beneficiary. The Contractor will then update the beneficiary's profile with this information and process the prescription(s) accordingly. Claims processed electronically, will process under the Retail Administration Fee (CLINs X001 and X002). Supporting documentation will be made available for the Government's review upon request.

C.6.3. Retail Network Claims

C.6.3.1. The Contractor shall accept and process all claims for pharmaceutical agents and diabetic supplies covered under the TRICARE pharmacy benefit, and purchased from a licensed pharmacy in the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Northern Mariana Islands, American Samoa and Guam.

C.6.3.2. Retail claims for covered drugs will be limited by requirements under 10 U.S.C. 1074g, 32 CFR 199.21, and other applicable regulations. Network pharmacies may submit claims for covered supply items using the National Drug Code (NDC) numbers assigned to them. When access to specific drugs at retail pharmacies is restricted under the law, the Contractor shall facilitate either a change in the beneficiary's current prescription to an approved pharmaceutical or supply, or shift the beneficiary's prescription to TMOP. Covered drugs that are restricted at retail and their respective implementation dates are published at <http://www.health.mil/About-MHS/Other-MHS-Organizations/DoD-Pharmacy-and-Therapeutics-Committee/Meeting-Minutes>.

C.6.3.3. Claims received for covered drugs furnished in geographical locations not covered under this contract shall be forwarded to the TRICARE contractor responsible for processing claims for those locations as specified in the TOM, Chapter 8, Section 2.

C.6.3.4. The Contractor shall complete real-time, online Coordination of Benefits (COB) in accordance NCPDP D.0 standards (or most current version) for those claims filled in retail network pharmacies where OHI has been identified, to include Medicare Part D claims. The Government will provide the COB and Medicare Part D billing transaction segments to include the required values. The Contractor is required to track Medicare Part D True Out-Of-Pocket expenses (TROOP) and total drug expenditures for each TRICARE beneficiary who is also enrolled in Medicare Part D. The Contractor shall provide this information to the Centers for Medicare & Medicaid Services (CMS) designated TROOP facilitator. The Contractor shall reimburse claims in accordance with the TRM, Chapter 4.

C.6.3.4.1. The double coverage provisions in TOM, Chapter 23, Section 3 and TRM, Chapter 4 are waived for those claims submitted by Department of Veteran's Affairs (VA) pharmacies, for beneficiaries who are TRICARE eligible, and who also have Medicare Part D coverage. Pharmacy claims meeting all the above criteria represent a benefit for a distinct beneficiary population, which the Director DHA, per 32 CFR 199.8 (c)(1), has determined to be exempt from the requirement that TRICARE be last payer. TRICARE will therefore act as the primary payer for these claims.

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C.6.3.5. If requested by the beneficiary and allowable under federal and state law, the Contractor may authorize the dispensing of up to a 90-day supply prescription as a single transaction at a retail pharmacy. In these cases, the pharmacy shall collect a copayment for each 30-day increment. The Contractor must make this option available at all retail network pharmacies.

C.6.3.6. Claims for prescriptions filled but not dispensed (non-compliant) shall be reversed within ten (10) calendar days of the date the original claim was submitted. Reversals processed more than ten (10) calendar days after the date the original claim was submitted will require an adjusted or cancelled TED record.

C.6.3.7. The Contractor shall process batch claims in the most current NCPDP batch format. The Contractor may receive batch claims from a variety of sources (e.g., State Medicaid agencies, clearinghouses, DVA) and the Contractor shall process these claims regardless of the electronic media (e.g., CD ROM, tapes) through which they are submitted. All batch claims shall be processed within 14 days of receipt. The Contractor must review historical claims for duplicate claims. Duplicate claims will not be processed. (b) (4)

C.6.4. Paper Claims

The Contractor shall process paper claims also known as direct member reimbursement (DMR) claims in accordance with TOM, Chapter 23, Section 3, Paragraph 1.2 and Chapter 8, Section 1, Paragraph 3.1. This includes the processing of assignment of benefit claims. The Contractor shall accept claims submitted using any of the specified forms. Upon request, the Contractor shall mail the current version of the DD2642 claim form to beneficiaries. Paper claims for non-network pharmacy services shall be reimbursed in accordance with the TRM, Chapter 1, Section 15, minus applicable copayments and deductibles. The Contractor shall process these claims using the most current NCPDP format. The Contractor shall monitor paper claims processing and work with retail network pharmacies to reduce the volume of network paper claims and encourage electronic submission.

C.6.4.1. Claims for beneficiaries who are required by their OHI to use their designated mail order pharmacy are to be processed using network cost shares. Non-network copayments and deductibles are not applicable to these claims.

C.6.4.2. Measured on a monthly basis, paper claims shall meet the following minimum standards:

(b) (4) % of paper claims shall be processed to completion within 14 calendar days of receipt.
100% of paper claims shall be processed to completion within 28 calendar days of receipt.

The Contractor shall provide reporting on paper claims volumes, processing times, denials and appeals (CDRL Q010 and Q020). Paper claims are considered to be processed to completion as of their TEDS record Create Date.

C.6.4.3. For denied paper claims, notification to the beneficiary must be in writing. The notification must explain why the claims were denied and detail the beneficiary's appeal rights.

C.6.4.4. Under the TRICARE benefit, the Contractor shall not process paper claims for prescriptions filled at MTF pharmacies. If necessary, the Contractor may forward the claims to its commercial services section for review as a claim payable by a commercial insurance plan.

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C.6.5. Retail Pharmacy Network

C.6.5.1. The Contractor shall establish and maintain a retail pharmacy network throughout the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. The Contractor shall provide network retail pharmacy services in American Samoa and the Northern Mariana Islands when they become eligible. The Contractor's retail pharmacy network shall meet the following four minimum access standards (see definitions (Access Standards)TOM, Appendix B):

- Urban: a pharmacy within two (2) miles estimated driving distance of (b) (4) % of the beneficiaries.
- Suburban: a pharmacy within five (5) miles estimated driving distance of (b) (4) % of the beneficiaries.
- Rural: a pharmacy within fifteen (15) miles estimated driving distance of (b) (4) % of the beneficiaries.
- No less than (b) (4) retail network pharmacies.

The Contractor shall provide reports identifying retail network pharmacies and the total network size (CDRL M010) and network access relative to the above metrics (CDRL M020).

C.6.5.2. All network pharmacies shall be fully licensed in accordance with applicable Federal and State laws and have a current NCPDP number. Pharmacies providing pharmaceuticals solely through Internet or mail order pharmacies shall not be included in the retail network. Retail pharmacies who offer to mail prescriptions to beneficiaries as part of their business may be included in the network subject to the retail pharmacy specifications listed herein.

C.6.5.3. The Contractor shall support online adjudication for claims received from DVA, Public Health Service (PHS), and Indian Health Service (IHS) pharmacies identified by the Government. The reimbursement amount for pharmaceuticals dispensed through these pharmacies will be directed by the Government, in accordance with agency agreements. These pharmacies will be paid the submitted costs plus a dispensing fee negotiated by the Government. Dispensing fees may be updated annually. These pharmacies shall not be included in performance measurement of network access standards nor in the calculation of the Retail Network Cost Control incentive under H.1.

C.6.5.4. At a minimum, the retail pharmacies shall provide TRICARE beneficiaries the same quality of services provided to beneficiaries of other commercial clients, to the extent allowed by Federal regulation and this contract. The Contractor shall ensure that all pharmacies document the receipt of the medication by the beneficiary or the individual authorized by the beneficiary, in accordance with all applicable State and Federal Laws. The Contractor shall ensure that network pharmacies have procedures to reasonably assess the validity of prescriptions ordered by telephone.

C.6.6. Retail Network Changes

C.6.6.1. The Contractor shall have a plan for communicating to beneficiaries when a pharmacy is removed from the retail network. As part of the plan, the Contractor shall do the following:

- Provide the Government with the names of all pharmacies selected for removal from the network no later than 60 days prior to the effective date of the changes.
- Identify and provide advance notification to beneficiaries who have filled prescriptions at the designated pharmacies during the previous six (6) months. The Contractor shall ensure that the beneficiary receives the letter no later than 30 days prior to the effective date of the change.
- Provide the Government with samples of all beneficiary correspondence related to the change in the network for comment. The Government shall have no less than 14 days to review.

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C.6.6.2. Additionally, to ensure continuity of therapy and minimize the impact of network changes on beneficiaries utilizing retail network pharmacies designated as specialty pharmacies by the Contractor, the Contractor shall perform the following steps:

- No later than 60 days prior to the effective date of the change, identify and provide to the Government the number of affected beneficiaries by the following categories: Specialty Medications, Limited Distribution Medications, Hemophilia Medications and Other Non-Specialty.
- Perform outreach by letter, phone and/or other electronic means to beneficiaries utilizing specialty, limited distribution and hemophilia medications, which includes messaging specific to each population.
- Develop an approach to evaluating the effectiveness of the plan in minimizing disruption of therapy among the affected specialty, limited distribution, and hemophilia populations.
- Submit a weekly report to the Government on the actions taken as part of its plan and the effectiveness of these actions (CDRL R010). Reporting shall commence when the Contractor begins its communication efforts and continue for 180 days after the effective date of the change. Reporting may be discontinued sooner if notified by the Government.
- Submit a final weekly report of all beneficiaries from the specialty, limited distribution, or hemophilia populations where there is not a documented continuation of therapy. The report shall describe all efforts made to contact that patient, including dates attempted and contact methods employed. (CDRL R010)
- Make changes to the plan as necessary to ensure successful communication with all beneficiaries and minimize disruption of therapy to specialty, limited distribution, and hemophilia populations.

C.6.7. MTF Claims Adjudication – CHCS/AHLTA

C.6.7.1. The Contractor shall connect to the CHCS/AHLTA DoD MHS electronic medical record, as described in Section C.12.3.1. Claims shall be processed using the CHCS/AHLTA business rules. The MHS verifies beneficiary eligibility through an interactive check with the DEERS, then forwards the prescription data to the Contractor for ProDUR before filling the prescription. The MTF assumes responsibility for eligibility; therefore, the Contractor will process the claim regardless of eligibility status.

C.6.7.2. The Contractor shall receive dispensing transactions and profile inquiry transactions from all MTFs and MTF pharmacies. Profile inquiries are based on the NCPDP 3.2 variable format, while dispensing transactions are based on NCPDP D.0. The D.0 format used by the MTFs does not include the Coordination of Benefits segment. In addition to a DEA Number or NPI, the Contractor shall accept provider SSN on MTF claims. Formulary edits are not applicable but the Contractor shall perform ProDUR on the inbound dispensing transactions and return the requested data on profile inquiries. The Contractor does not create TEDs for these claims. The Contractor will accept and log all data provided on transactions. All transactions shall be transmitted to the PDTs data warehouse.

C.6.7.3. The Contractor shall support messaging to the MTF and handling of rejected claims to the MTF that varies from that used by the commercial network. All MTF claims are considered dispensed unless reversed by the MTF and must be posted to the profile.

- Validity Rejects: When the Contractor is unable to process a claim due to missing or invalid data, the Contractor will follow the processes outlined in C.11.3.3 to correct and resubmit the claim. For patient safety reasons, all claims must be successfully resubmitted, posted to the patient profile and transmitted to the data warehouse, unless the Contractor is notified by the MTF to allow the reject to stand.

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- **ProDUR Alerts:** The Contractor shall not reject MTF claims for ProDURs but will instead return custom ProDUR alert messaging. The MTF will respond to the alert by either cancelling the prescription or entering an override code. The Contractor will receive a reversal if the prescription is cancelled, but if the MTF enters an override code, no additional message will be sent to the Contractor. MTF claims resulting specific ProDUR Alerts will be included on the Data Integrity Report described in C.11.3.5.

C.6.7.4. If an ingredient cost of a penny (\$0.01) is submitted by the MTF, the Contractor will recalculate the ingredient cost primarily using the medical pricing catalog supplied by DLA-TS, or using AWP as a secondary source. For claims priced from either the medical pricing catalog or AWP, the Contractor shall apply a regional discount established by DLA-TS, based on the NCPDP Pharmacy ID. If the ingredient cost submitted by the MTF is greater than a penny (\$0.01), the Contractor shall post the claim and no regional discount is applied.

C.6.8. Benefit Analysis and Trending

The Contractor shall provide analysis, reporting, and benefit design recommendations to allow the Government to provide a comprehensive and cost-effective pharmacy benefit. This will include a report of plan cost by demographic (CDRL M230) and benchmarked to commercial plans (CDRL Q200).

C.6.8.1. The Contractor shall provide analysis and reporting of the progress of the Home Delivery program and provide the Government with retail and retail maintenance prescriptions during the same month (CDRL M320).

C.6.9. MTF Claims Adjudication – DHMSM EHR

C.6.9.1. The Contractor shall connect to the Defense Healthcare Management Systems Modernization (DHMSM) Electronic Health Record (EHR) as described in Section C.12.3.1. Claims shall be processed using business rules for MTF EHR claims, which include the benefit design (including P&T guidance described in C.8.1.3.) and MTF Edit Set-up document (CDRL A150). The Contractor shall coordinate any changes to other claims processing parameters with the Government before they are implemented, including industry-mandated changes required to remain in compliance with NCPDP standards. The Government may direct specific changes to MTF EHR business rules as appropriate.

C.6.9.1.1. The contractor shall maintain a current version of the MTF Edit Set-up document referenced in **C.6.9.1**. This document shall comprise part of the comprehensive documentation described in C.6.1.14.

C.6.9.2. The MHS verifies beneficiary eligibility through an interactive check with the DEERS, then forwards the prescription data to the Contractor for adjudication before filling the prescription. The MTF assumes responsibility for eligibility; therefore, the Contractor will process the claim regardless of eligibility status.

C.6.9.3. The Contractor shall receive dispensing transactions from all MTFs and MTF pharmacies. Dispensing transactions are in NCPDP D.0, format, in accordance with the MTF Payer Sheet described in C.6.1.14. MTF EHR claims will utilize a full range of commercial edits, with the exception of eligibility and OHI, based on the business rules. All transactions shall be transmitted to the PDTs data warehouse.

C.6.9.4. The Contractor shall adjudicate all MTF EHR claims and shall reject claims that do not pass edits. The Contractor may return a paid claim with advisory messaging in lieu of a rejection or exclude

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specific drugs from such rejects as directed by the Government. The Government may identify specific information to be included in the messaging for advisories or rejects.

C.6.9.5. The Contractor shall accept ingredient cost submitted on the claim for MTF EHR claims. No adjustments or discounts shall be applied.

C.6.9.6. The Contractor shall provide a detail level file of MHS Genesis claims (CDRL W030). This file will contain claims for all sites deployed within the last three months.

C.6.9.7. The Contractor shall monitor reject activity at EHR sites and provide timely feedback to the Government and the MTF pharmacy staff to help them identify frequent issues and reduce their reject rates.

C.6.10. Real Time Prescription Benefits Support. The Contractor shall support the use of the Real Time Prescription Benefits (RTPB) capability by prescribers when supported by their Electronic Health Records System (EHRs), in accordance with industry standards. RTPB will provide accurate and comprehensive information about DoD medication formulary and benefit design. The results from RTPB shall accurately reflect how a pharmacy claim with the same parameters would adjudicate at that time.

C.6.10.1. RTPB shall accurately provide DoD specific prescription benefit information to the extent supported under commercial standards, including but not limited to: medication formulary status, coverage status by point of service, prior authorization and/or medical necessity requirements (to include age limits, quantity limits, step therapy, etc.), patient cost share per day supply at all points of service, and shall provide suggested preferred alternative medications for non-preferred items (including step therapy).

C.6.10.2. The Contractor will provide the Government a process by which the Contractor will obtain and resolve identified inaccuracies within RTPB. Upon identification of an inaccuracy, the contractor shall work toward an immediate resolution of any inaccuracy resulting from the Contractor's management of the DHA RTPB formulary. In those cases where resolution cannot be made immediately, the contractor shall notify the Government and provide an explanation as to why and a timeline for resolution.

C.6.10.3. Patient cost share reported in RTPB shall appropriately reflect the point of service, medication formulary status, day supply, beneficiary status (e.g. Active duty, retiree, other), OHI, beneficiary CATCAP, deductibles, and any other factors that impact cost share. Cost shares from other points of services will be provided for comparison.

C.6.10.4. The Contractor shall establish, administer, and update information available through RTPB so it remains current with all benefit design and formulary restrictions in effect. The contractor shall reflect any changes immediately on their effective date.

C.6.10.5. The Contractor shall support RTPB in accordance with industry standards.

C.6.10.5.1. The Contractor shall provide data in accordance with industry standards and in a format to promote maximum integration with provider EHRs.

C.6.10.5.2. The Contractor shall offer any enhancements as the standard of service delivery evolves. This shall include the availability of additional data fields, configurability options, national or industry standardization, etc.

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C.6.10.5.3. The Contractor shall adopt any future NCPDP standard for the RTPB capability and any changes therein.

C.6.10.6. The Contractor shall deliver a RTPB solution that optimizes the timeliness of RTPB information while minimizing additional queries to DEERS. DEERS queries related to RTPB shall be monitored as part of CDRL M350.

C.6.10.7. The Contract shall make documentation available to end users to support their use of RTPB and offer educational support to prescribers to help them understand how it facilitate efficient prescribing, lower costs, and increase beneficiary satisfaction.

C.6.11. Accountable Care Organization (ACO) Demonstration Support.

C.6.11.1. Background. To support the 2017 National Defense Authorization Act (NDAA FY2017), Section 705, entitled “Value-based purchasing and acquisition of managed care support contracts for TRICARE program” the Contractor will facilitate DHA’s Accountable Care Organization (ACO) demonstration project.

C.6.11.2. Guidelines for ACO demonstration claims processing:

C.6.11.2.1. The ACO demonstration is applicable only to designated zip codes in the Atlanta, Georgia prime service areas from January 1, 2020 through December 31, 2022.

C.6.11.2.2. The Contractor shall process pharmacy claims from designated ACO demonstration pharmacies. Adjudication edits will include eligibility, general drug utilization reviews, and validation edits.

C.6.11.2.3. The Contractor will be provided a formulary file listing of the medications that will be assigned by the ACO demonstration contractor to each of TRICARE’s tiered cost structure. The Contractor will be responsible for returning the appropriate copay based on this file. In addition to implementing the ACO demonstration formulary so as to apply the correct copay tier, the Contractor is also responsible for maintaining the ACO contractor’s clinical coverage rules for claims adjudication, which include Prior Authorizations, and quantity limits and formulary placement. The Contractor will provide a mechanism for the ACO contractor to document completed coverage reviews for drugs to which clinical rules apply in order to process a paid claim for a specific beneficiary.

C.6.11.2.4. The Contractor will verify beneficiary eligibility for the ACO demonstration using ACO demonstration Primary Care Manager (PCM) identifier assignments as designated in DEERS. No other PCM assignments are eligible to use the ACO demonstration or its pharmacies.

C.6.11.2.5. The contractor will exclude beneficiaries enrolled to the ACO demonstration from using TRICARE’s Mail Order Pharmacy (TMOP - see C.7.) and will remove any enrolled beneficiaries from the auto refill and/or specialty programs at TMOP (see C.7.1.10 and C.7.9 respectively). The Contractor will produce two annual open refill transfer (ORT) files: the first at the end of open enrollment season after enrollment data is received, and an additional catch up file within 30 days thereafter.

C.6.11.2.6. The contractor will not exclude beneficiaries enrolled to the ACO demonstration from using the TRICARE retail network but all TRICARE based prior authorizations will be terminated

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as of the effective date of enrollment. Beneficiaries enrolled to the ACO demonstration will be exclude from other TRICARE programs such as the Medication Adherence Pilot (MAP - see C.9.6.), Expanded Use of MTF / TMOP (EMM - see C.7.1.14.), or other conversion based projects and incentive opportunities.

C.6.11.2.7. The Contractor will create and submit TEDs for pharmacy claims submitted by ACO demonstration pharmacies. A TEDs claim does not authorize any reimbursement for the costs of pharmaceuticals dispensed by an ACO demonstration pharmacy under this contract as described in G.11.1, but will allow the Contractor to be paid a standard retail admin fee (CLINs X001 or X002) for each TED record submitted. TEDs submission will follow standard TEDs processing rules except as designated by the Government (by use of a Special processing code). The ACO demonstration contractor will not receive any payment under this contract, but will instead be paid by the Government directly.

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C.6.11.2.8. For all pharmacy claims dispensed to demonstration enrolled beneficiaries, the contractor shall update catastrophic cap and deductible amounts in accordance with TOM Chapter 23, Section 3.

C.6.11.2.9. The Contractor shall forward any beneficiary calls or written submissions regarding the ACO demonstration to the appropriate point of contact for ACO demonstration contractor. Telephone calls will be transferred as they are received and the Contractor will provide the ACO demonstration call center phone number prior to transferring the call. Written submissions will be transmitted within 72 hours. A response will be provided to the beneficiary that provides information on where to submit ACO demonstration contractor inquires and advise the beneficiary the submission has been forwarded to ACO demonstration contractor for resolution.

C.6.11.2.9.1 The contractor shall provide ACO contractor with access to Electronic Delivery Service (ESD) which allows similar functionality as the commercial platform ESD access. The access will be limited to ACO enrolled beneficiaries. The contractor shall provide access up to ten (10) individuals.

C.6.11.3. Guidelines for ancillary services:

C.6.11.3.1. The Contractor will exclude any dispensing performed under the ACO demonstration from EOBs (C.6.2.2 & C.10.1.13).

C.6.11.3.2. The Contractor shall transmit all ACO demonstration claim information to the Pharmacy Data Transaction Service (PDTS).

C.11.9.3.3. The Contractor will not provide formulary search tool responses that reflect the ACO demonstration formulary, or provide a pharmacy locator, because the ACO demonstration contractor will be responsible for their own online presence.

C.6.11.3.4. The Contractor will provide beneficiaries an escalation method to the ACO demonstration contractor staff for issues that cannot be resolved via normal methods.

C.6.11.3.5. Claims for ACO enrolled beneficiaries will be excluded from any calculation used to determine the Retail Network Cost Control Incentive (See H.1.).

C.6.11.3.6. The locations of ACO demonstration pharmacies, as well as the beneficiaries enrolled to this pilot, will be excluded from any calculation used to determine if the network access

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standards have been met (See C.6.5.1.).

C.7. Mail Order Pharmacy

C.7.1.1. The Contractor shall accept prescription orders at TMOP by written (original or facsimile), electronic (supporting digital signature including e-prescribing), or telephonic submission. The Contractor shall have procedures in place to reasonably assess the validity of prescription orders submitted by telephone or fax. For all medications dispensed through TMOP, the Contractor's tracking and dispensing procedures shall comply with Federal and State law and all applicable state board of pharmacy requirements. The Contractor shall not collect sales tax on prescriptions dispensed by TMOP. For beneficiaries receiving prescription medications through the TMOP, the Contractor shall provide 24 hours a day, 7 days a week access to a pharmacist by phone.

C.7.1.2. TMOP prescription processing and written notification of denied orders shall meet the following minimum standards:

- Mail order prescriptions shall be shipped, scheduled for delivery, returned, pending or denied within ten (10) days of receipt, date stamped in accordance with TOM Chapter 8, Section 1. Exceptions to the prescription processing standard are as follows:
 - Prescriptions under the Deployment Prescription Program (DPP) that require clarifications or intervention. These will not be included in the calculation of mail order pharmacy processing time.
 - Mail order prescriptions that may be scheduled for delivery are limited to only those that are part of the Specialty Clinical Services required by C.7.9.5, or when it is consistent with commercial best practices (e.g. for high-cost or temperature-sensitive medications).
- Prescriptions dispensed from the TMOP shall be accurate 100% of the time, measured monthly.
- In the event the Contractor fails to mail any prescription that did not require clarification or intervention within ten (10) days, the Contractor shall automatically provide next day delivery service at no additional charge to the beneficiary.

C.7.1.3. The Contractor shall provide reporting of mail order volumes, processing times, accuracy, and reasons for pending (CDRL Q030). The Contractor shall provide a data file identifying all beneficiaries using the mail order pharmacy over the reporting period (CDRL Q080).

C.7.1.4. For each TMOP prescription received requiring clarification or intervention, the Contractor shall contact the prescriber as appropriate. If the Contractor is unable to obtain a response from a prescriber within two (2) business days, they shall contact the beneficiary telephonically or by electronic means, based on the beneficiary's indicated preferences. The Contractor shall provide order status and request beneficiary direction to either hold the prescription for fill, to cancel, or to transfer the prescription to a retail network pharmacy designated by the beneficiary. The Contractor shall document all calls, and the beneficiary's direction. The Contractor shall not return a prescription without first attempting to contact the beneficiary. For all returned prescriptions, the Contractor must provide written notification to the beneficiary explaining why the prescription was returned.

C.7.1.5. If the beneficiary opts to transfer the prescription to a retail network pharmacy, it shall be processed in accordance with C.6.3. The beneficiary shall have no less than 72 hours to provide a response before the prescription is returned.

C.7.1.6. If the Contractor is unable to fill a prescription because the medication is on national backorder or which has been recalled, the Contractor shall notify the beneficiary at the time of the order. When the

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medication is back in stock, the Contractor shall contact the beneficiary to request permission to fill the order.

C.7.1.7. TMOP prescriptions dispensed shall adhere to the Government's mandatory generic policy. The Contractor will use best commercial practices to maximize generic substitution, including attempts to convert DAW prescriptions. Upon receipt of a DAW prescription for a brand name product for which a generic equivalent is available, the Contractor shall contact the prescriber to change the prescription to a generic equivalent. If the prescriber refuses to switch, then the prescription shall be processed according to government-approved prior authorization criteria, as described in C.9.1. If the prior authorization is denied, the prescription shall be returned to the beneficiary. If the Contractor cannot contact the prescriber, the Contractor shall call the beneficiary, notify them that their prescription will be returned, and the reason why. For all denied mail order prescriptions, the Contractor must also provide notification to the beneficiary in writing explaining why the order was denied and detailing the beneficiary's appeal rights. At the direction of the Contracting Officer Representative (COR), the Contractor may dispense brand in lieu of generic in instances where the brand is the lowest cost available on the medical pricing catalog, provided by the Defense Logistics Agency Troop Support (DLA-TS), for replenishment.

C.7.1.8. For beneficiaries not in deployed theatres of operation the Contractor shall provide notification by telephone or other electronic means, based on beneficiary preference, of prescriptions received and placed in a pended status, and the anticipated processing date for each. For beneficiaries in deployed theaters of operation, the Contractor shall dispense medications as indicated in Section C.7.10.

C.7.1.9. The Contractor shall pend prescriptions in lieu of rejecting early submissions and notify the beneficiary that the prescription has been pended with the next possible fill date.

C.7.1.10. The Contractor may offer automatic refills but shall exclude specific drugs from this service as determined by the P&T process.

C.7.1.11. Dispensed ingredients shall be priced on the TED record at the burdened unit price from the medical pricing catalog provided by the DLA-TS. Ingredients acquired through MPG described in C.7.11.2.1 shall reflect the acquired ingredient cost. See Section C.7.11 for more information.

C.7.1.12. The Contractor shall accommodate all special requirements in regards to handling, processing or shipping medications as recommended by the Food and Drug Administration (FDA) or manufacturer for products dispensed through TMOP.

C.7.1.13. Reserved

C.7.1.14. Expanded Use of MTF/TMOP

In accordance with the National Defense Authorization Act (NDAA) for FY 2015, Section 702(c) the TRICARE For Life (TFL) Mandatory Mail Pilot is terminated as of Sept 30, 2015. Starting October 1, 2015 the Contractor shall apply the requirements of the TFL Mandatory Mail Pilot to the TRICARE beneficiary population, as the Expanded Use of MTF and TMOP, in accordance with TPM, Chapter 8, Section 9.1, ¶ 2.2.12. The Contractor shall report monthly results using the Expanded Use of MTF/TMOP Summary and Savings Report for (CDRL M250).

C.7.1.14.1. The Contractor will block refills, when dispensed at a retail network pharmacy, unless beneficiaries have received an approved override, or a waiver from participation. Retail fills for select medications will be limited to a 30-day supply when dispensed at a retail network pharmacy.

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C.7.1.14.1.1. The contractor will monitor and apply any changes to the list of select medications for Expanded Use of MTF/TMOP posted in accordance with TPM Chapter 8, Section 9.1. ¶ 2.2.12.3.

C.7.1.14.2. The Contractor shall approve overrides to the Expanded Use of MTF/TMOP, which may be authorized for the following situations:

- A waiver based upon personal need, hardship, emergency, or other special circumstance that requires use of retail pharmacy, as determined using Contractor-developed, Government-reviewed criteria.
- A beneficiary residing in a nursing home or other long term care facility may request a waiver under the personal need, hardship or other circumstances exception. Communication with the beneficiary, a relative or a caregiver is sufficient to establish residency in a nursing home. The Contractor will allow caregivers to establish residency for multiple beneficiaries at the same time. The Contractor shall apply the waiver in the patient profile which will allow a universal override for future retail dispensing.
- Overrides for any other special circumstances approved by the COR.
- Prior Authorization has been approved for medication that requires frequent dos titration to achieve therapeutic levels.
- Prior Authorization has been approved for a beneficiary who is unable to have their medication delivered to their home.

The Contractor shall monitor and report the overrides granted (CDRL M260).

C.7.1.14.3. The Contractor shall promote retail to MTF, or retail to mail order conversion and will support customer service inquiries concerning Expanded Use of MTF/TMOP. This includes identifying any select medications on a beneficiary's profile and processing requested PAs and overrides.

C.7.1.14.4. The Contractor shall provide assistance to the beneficiary in transferring the prescription to TMOP or an MTF, based on the beneficiary's direction, as described under C.7.7.

C.7.1.14.5. Beneficiary Communications

C.7.1.14.5.1. Prior to implementation, at the direction of the COR, the Contractor shall conduct a one-time mailing, providing information to all households that have one or more beneficiaries who are impacted by Expanded Use of MTF/TMOP (i.e. those who did not participate in the TFL Mandatory Mail Pilot).

C.7.1.14.5.2. When the contractor processes a retail network pharmacy claim for a beneficiary subject to Expanded Use of MTF/TMOP, the Contractor will communicate information regarding the options available to the beneficiary. The Contractor shall send a letter to the beneficiary by the end of the following week after each of the two (2) potential courtesy refills. The letter shall remind the beneficiary of their options for obtaining future refills (refills at MTF, MOP or pay the full cost of the medication at a retail network pharmacy), and provide contact information for the Contractor's call center. In addition to the letter, the Contractor shall also make a follow-up contact by phone or email.

C.7.1.14.5.3. The Contractor shall contact a beneficiary via letter explaining the beneficiary's options in the following situations:

- The beneficiary has paid the full cost for their prescription of select maintenance medication at a retail network pharmacy; or

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- The beneficiary did not receive their medication at a retail pharmacy and did not subsequently contact the Contractor to obtain their prescription order through TMOP.

C.7.1.14.6. After the two courtesy fills, the Contractor shall require beneficiaries to pay the full cost of prescriptions for select maintenance medications when dispensed at a retail network pharmacy unless the beneficiary meets the requirements for waiver or override. When a beneficiary opts to pay full price for a select medication at a retail network pharmacy, it is considered a non-covered service. A record of the dispensing shall be posted to POTS. The Contractor will not reimburse paper claims submitted by beneficiaries who paid the full cost of a select medication, unless otherwise authorized by the COR subsequent to a review.

C.7.2. Mail Order Pharmacy Accounts

C.7.2.1. The Contractor shall support TMOP registration by a variety of means, including but not limited to submissions in writing, via telephone, or via the Contractor's website. When the Contractor receives a prescription transfer from an MTF (as described in C.7.8) for a beneficiary without an existing MOP account, the Contractor shall create an account using the information on the prescription received from the MTF.

C.7.2.2. For TMOP prescription orders, the Contractor shall allow beneficiaries to provide a credit card for the copayment amount. The Contractor shall establish individual accounts for family members, and shall allow for more than one credit card to be on record for collection purposes. The Contractor shall ensure that if a beneficiary overpays a copayment amount, the beneficiary is notified that the excess has been credited to the beneficiary's account for future prescriptions, or the overpayment is refunded to the beneficiary along with the explanation of the refund, whichever the beneficiary prefers.

C.7.2.3. As a result of its own business judgment and at its own risk, the Contractor may choose to extend credit to beneficiaries so that when an insufficient copayment is received, the Contractor may fulfill the prescription order up to the amount of the Contractor-established credit limit and credit aging parameters. As the Contractor is not acting as an agent of the Government in extending credit to beneficiaries, none of the recoupment procedures set forth in this contract or the TRICARE manuals shall be available to the Contractor to collect beneficiary copayments. Likewise, any uncollected debts from beneficiaries resulting from the extension of credit are not reimbursable under this contract. If the Contractor does not extend credit or the beneficiary has exceeded the Contractor's established credit parameters, the Contractor shall return the prescription to the beneficiary and notify the beneficiary of the correct copayment amount required.

C.7.3. Mailing Prescriptions

C.7.3.1. TMOP prescription orders shall only be mailed to beneficiaries living in the 50 United States, the District of Columbia, Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, American Samoa and Guam; to beneficiaries with an Army Post Office (APO), Fleet Post Office (FPO), or U.S. Embassy address; and to troops in deployed theatres of operation. Beneficiaries in deployed theatres of operation will be identified by the Government. TMOP prescriptions shall be shipped or mailed postage paid to the beneficiary in a manner which provides, at a minimum, a delivery time equivalent to first class U.S. Mail. The Contractor shall have the ability to suspend shipping to specified addresses outside the United States by postal code when directed by the Government. The Contractor shall ship medications care of (c/o) to the beneficiary's health care provider's office, if requested by the beneficiary. When shipping medications, the Contractor shall comply with U.S., U.S. Military, and U.S. Embassy Postal Service regulations. The Contractor shall not ship prescriptions to addresses where any prior prescription or

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correspondence to that beneficiary has been returned undeliverable without first contacting the beneficiary and verifying the address.

C.7.3.2. With each order shipped, the Contractor shall include information on all options for reordering and a pre-addressed envelope, so the beneficiary may order refills or new prescriptions.

C.7.3.3. Upon request by the beneficiary, the Contractor shall provide next day delivery services to beneficiaries with a mailing address within the continental U.S. The beneficiary is responsible for the additional shipping cost at the Contractor's most favorable shipping rate.

C.7.3.4. The Contractor shall be responsible for all medications dispensed by the Contractor up to the point of delivery to the beneficiary or to the alternate delivery location designated by the beneficiary. The Contractor shall allow 12 days from the original ship date for the beneficiary to receive their order. Beginning 12 days after the ship date, the Contractor shall reshipe the order within three (3) days of receiving notification from the beneficiary that their order has not been received or was received in unusable condition. A beneficiary shall have up to 45 days from the original ship date to report that an order was not received and request a replacement with no additional copayment. This shall be extended to 60 days for prescriptions sent using an APO, FPO or U.S. Embassy address. The Contractor shall not receive an administrative fee or replenishment for replacement shipments. The Contractor shall report on all replacement shipments requested and fulfilled (CDRL Q040).

C.7.3.5. Within 10 calendar days from the beginning of the contract base period, the Contractor shall identify its preferred Returns Management Reverse Distributor (Reverse Distributor) to the Government. The Contractor shall segregate all returned pharmaceuticals under this contract from all other pharmaceuticals in its facility. The Contractor will further distinguish between returns for which replacement of the pharmaceutical is expected from the National Prime Vendor (C.7.11); and any returns leading to a replacement furnished by the Contractor which is the Contractor's sole responsibility (C.7.3.4). Any returns leading to a Contractor furnished replacement may be submitted to the Contractor's Reverse Distributor; and any credits arising from these returned drugs accrue to the Contractor.

C.7.3.5.1. The Contractor will hold all returned pharmaceutical agents for which replenishment is expected for processing by the Government's Reverse Distributor. The Contractor will contact the Government's Reverse Distributor no less frequently than quarterly to arrange for a return shipping date. The Contractor will provide the Government's Reverse Distributor access to its facility for onsite inventory, packaging, and shipment of returns to the Reverse Distributor's central location. The Contractor shall submit to the COR all receipts provided by the Government's Reverse Distributor upon pick-up. The Contractor is not responsible for the cost of packaging or shipment of returns to the Reverse Distributor.

C.7.3.6. For all pharmaceutical agents returned to the MOP, the TED record will be adjusted or cancelled as necessary to properly reflect co-payment, administrative fee, and replenishment. The TED adjustment/cancellation must maintain an accurate clinical record on PDTs.

C.7.4. Partial Shipments.

When directed by the Government, the Contractor shall dispense partial shipments of certain medications designated by the Government if the days' supply called for on the prescription exceeds 30 days. The full copayment will be collected on the first partial shipment. Subsequent partial shipments will have no copayment assessed until the full quantity of the prescription has been dispensed or until the prescription

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has expired. The Contractor shall document the receipt of the copay and all subsequent shipments covered by that copayment and provide reporting to the Government (CDRL Q150). The clinical record shall accurately reflect all partial dispensing.

C.7.5. Compounded Medications

Before dispensing any compounded medication through TMOP, the Contractor shall verify that all supplies and ingredients required to prepare the compound are available for replenishment from the National Prime Vendor (NPV), as described in C.7.11. In the event that any required products are not available, the Contractor may return the prescription to the beneficiary.

C.7.6. Error Reporting

The Contractor shall provide a report on all TMOP defects and errors (CDRL Q050). For purposes of this report, the Government defines a medical error according to the National Coordinating Council for Medication Error Reporting & Prevention (NCC-MERP): “Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer.” Examples include, but are not limited to:

- Lost or damaged prescriptions reported upon receipt, resulting in delay in processing and/or increased difficulty in transcription;
- Prescriptions entered into the incorrect patient’s profile, transcribing the wrong drug or dose, or directions (sig), into the patient’s profiles;
- Failing to correctly enter all elements of a prescription, e.g., refills, such that the patient may not correctly receive the correct duration of therapy; or events that may trigger an allergy or drug-drug interaction, dosed incorrectly, wrong quantity transcribed, etc.; or
- Incorrect quantity dispensed, broken medications, label, bottle or packing defects, improper storage or shipping.

C.7.7. Prescription Conversions from Retail

C.7.7.1. At the beneficiary’s authorization, the Contractor shall contact the prescriber to obtain a new prescription to be filled by the TMOP or the MTF pharmacy designated by the beneficiary. The Contractor shall offer both points of service as an option to the beneficiary to transfer their medications.

C.7.7.2. The Contractor shall provide reporting on the number of transfers requested and completed (CDRL Q140).

C.7.8. Prescription Transfers from MTF Pharmacies

The Contractor shall support the electronic transfer of eligible prescriptions to TMOP from MTF pharmacies associated with the host sites identified in Attachment J-3, as described in the “Implementation Guide for Transferring Prescription Refills from the Military Treatment Facility (MTF) to the TMOP”. At the start of pharmacy services, the Contractor shall support MTF to TMOP transfers from the six (6) host sites identified by the Government.

C.7.8.1. For each MTF associated with the host sites identified in Attachment J-3, the Contractor shall support connectivity setup, testing, and mapping of the drug file for medications designated by the host

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site. If MTFs of different services share the same host site, the Contractor will verify each MTF is aware of the MTF to MOP implementation schedule. The Contractor will provide education support to each MTF's staff and beneficiary population. Since participation will be at the discretion of the individual MTFs, if an MTF chooses not to make use of their MTF to MOP connection upon host setup, the educational support to that MTF will be deferred until it is requested.

C.7.8.2. The Contractor will monitor and provide feedback to each MTF pharmacy on the volume of prescriptions that are successfully transferred from MTFs to TMOP, and the accuracy of their drug file mapping. The Contractor shall also provide ongoing support to these MTFs to resolve any issues experienced in the transfer of prescriptions to TMOP, to include monitoring unsuccessful transfers and determining the cause. The Contractor will work with both host sites and MTF pharmacies to assure their drug files are both current and accurate.

C.7.8.3. Any prescription transfer requests for beneficiaries who have OHI will be rejected back to the MTF. The Contractor shall provide a report to the Government of all successful and rejected MTF transfers (CDRL M110).

C.7.9. Specialty Pharmacy Services

C.7.9.1. Specialty pharmaceuticals are high-cost injectable, infused, oral or inhaled drugs that are generally more complex to distribute, administer and monitor than traditional drugs. The Contractor shall provide specialty pharmaceuticals through the mail order and retail pharmacy venues. Through its operation of specialty pharmacy services, the Contractor shall maximize the extent to which beneficiaries obtain specialty pharmaceuticals from TMOP rather than from retail pharmacies.

C.7.9.2. DoD designates specialty mail order pharmacies in which the Contractor has ownership or a financial interest as extensions of the TMOP pharmacy. The Contractor shall identify to the Government specialty pharmacies designated as such and their locations. The Contractor shall notify the Government of any changes to this list. Prescriptions filled by TRICARE eligible beneficiaries at these extensions of the TMOP pharmacy will be subject to TMOP prescription processing requirements and medical pricing catalog pricing. All pharmaceutical agents and supplies, dispensed through TMOP or its designated extensions under this contract are subject to replenishment requirements outlined in Section C.7.11 of this contract. All replenishment orders will be placed through a centralized ordering process and delivered to TMOP.

C.7.9.3. The Contractor shall ensure that beneficiaries have access to pharmaceuticals that are subject to limited distribution channels established by the pharmaceutical manufacturer and/or the FDA. In cases where limited distribution items are dispensed by a specialty mail order outlet but are not available for replenishment by the NPV, the Contractor may request the Government's approval to process prescriptions for those NDCs as retail network claims. These NDCs will then be adjudicated as standard retail network claims and will not be replenished by the Government.

C.7.9.4. The Contractor shall provide a dedicated toll free number for beneficiaries and providers to call for assistance relating to specialty pharmaceuticals and services. Minimum hours of operation shall be 8 a.m. to 9 p.m. (Eastern Time), Monday through Friday. The Contractor shall provide a dedicated line for providers, either through a separate phone number or a provider option at the beginning of the automated phone menu.

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C.7.9.5. Specialty Clinical Services

C.7.9.5.1. The Contractor shall provide clinical services in conjunction with all pharmaceuticals designated on the DoD clinical services drug list and dispensed through TMOP, including specialty pharmacies designated as DoD specialty mail order outlets. Final decisions of the Director, TMA regarding changes to the identification of pharmaceuticals subject to clinical services and change implementation dates are published in the quarterly DoD Pharmacy and Therapeutic Committee Minutes at <http://www.health.mil/About-MHS/Other-MHS-Organizations/DoD-Pharmacy-and-Therapeutics-Committee/Meeting-Minutes>.

C.7.9.5.2. The Contractor shall provide clinical support services to beneficiaries receiving designated medications through TMOP. These services shall include, but are not limited to:

- Optimizing therapeutic outcome by minimizing adverse clinical events, minimizing waste, and achieving a high level of beneficiary satisfaction.
- Conducting patient-centric adherence monitoring and member education initiatives.
 - Optimizing medication adherence (education, reminders, side-effect management) for specialty drug products with poor adherence rates or significant risks when used inappropriately.
- Provision of educational information and medication administration training through multiple mediums, such as verbal, written or online, to TRICARE beneficiaries receiving specialty drugs.
- Providing plan-specific clinical and outcomes reporting, including rates of transferring specialty pharmaceutical prescriptions from retail to TMOP.
- Providing specialty drug market analytics, and developing proactive cost and utilization management initiatives directed towards beneficiaries and prescribers.

C.7.9.5.3. All beneficiaries filling these medications through TMOP are to be automatically enrolled to receive these clinical services. Beneficiaries who have refused to participate in these clinical services for a given medication shall be dis-enrolled from the program at the time of refusal. Disenrollment should be drug specific and beneficiaries shall be allowed to re-enroll if so desired.

C.7.9.5.3.1. Medications designated for specialty clinical services shall not be shipped to the beneficiary until the Contractor has made contact with the beneficiary to confirm the delivery schedule. In the even that the patient is unable to be contacted after repeated efforts, the medication shall be pended to the Patient's profile until the patient requests the medication to be filled.

C.7.9.5.4. The Contractor shall provide a report on the dispensing of specialty prescriptions and clinical services provided (Q060).

C.7.10. Deployment Prescription Program (DPP)

C.7.10.1. The Contractor shall manage all aspects of the TMOP registration and prescription process for deploying beneficiaries and for beneficiaries at U.S. Embassies or in-theater locations. The contractor shall provide comprehensive reporting, allowing the Government to monitor the program (CDRL M060). Deployment prescriptions include all prescriptions for TRICARE eligible beneficiaries deployed in a theater of operation.

C.7.10.2. For beneficiaries deployed in theaters of operation, the Contractor shall provide notification by email or by telephone, at the beneficiary's request, about prescriptions received, placed in pended status, and the next eligible fill date.

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C.7.10.3. The Contractor shall receive DPP prescriptions via standard mail, fax, or secure server from any Pre-Deployment or Out-Processing Center, hereafter referred to as the “Center(s).” DPP prescriptions will also be received using these same channels from Embassy locations and within theater. Upon receipt of a DPP prescription, the Contractor shall verify, adjudicate, and process the prescription in accordance with the procedures outlined in C.7.10.4 – C.7.10.7. DPP prescriptions may have additional restrictions (e.g. psychotropic policy, non-deployable medications, etc.), as stipulated at <http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/Deployment-Prescription-Program>.

C.7.10.3.1. The contractor shall also receive electronic prescribed prescriptions submitted to TMOP (per C.12.7.1) from Embassy locations, for which the DPP processing requirements described below do not apply.

C.7.10.4. To support DPP prescriptions the Contractor shall establish communication with and maintain a current point of contact (POCs) for all Centers, regional theater pharmacists and embassy providers. The Contractor shall educate the Centers on the most common causes for delays in prescription processing and returned prescriptions and actively work with the Centers to maximize the volume of clean prescriptions received and dispensed. (b) (4)

C.7.10.5. Upon receipt of a DPP prescription, the Contractor shall perform the following verification steps:

1. Perform DEERS eligibility query. If a DEERS query shows the beneficiary as ineligible, the Contractor shall coordinate with the beneficiary, so they may take the appropriate steps needed to show eligibility. Activated National Guard and Reserve service members may have to submit orders to DEERS to update their active duty status.
2. Verify that registration is complete and legible. The Contractor shall return the prescription form to the Centers for correction when requested by the Center.
3. Enter all beneficiary registration and prescription information into Contractor’s system and verify that the information provided is complete and correct. The most common cases for delayed prescriptions are:
 - Invalid/missing APO/FPO/Embassy address
 - Missing prescriber signature, illegible prescriber name, missing credentials (DEA, NPI, NCCPA or state license). Note: All prescriptions for controlled medications must have the prescriber’s assigned DEA number.
 - Drug name/strength/form incorrect or missing
 - Directions are missing, written “as directed” or not consistent with the dosage form (i.e. medication is a patch but directions are “one po qd”).
 - Active duty member is showing as ineligible in DEERS.
 - Prescription written for temperature sensitive medications. This includes capsules being shipped during hotter months and similar medications not otherwise requiring refrigeration.
4. Verify that all prescriber identifiers are received and valid.
5. Prescriptions to be pended will be screened for completeness and ProDUR performed prior to pending. Rejections and clinical warnings that would prevent the prescription from processing when it is released from pending status should be resolved with the prescriber and corrected in the system prior to pending the prescription. This screening is in addition to the full adjudication process that occurs prior to dispensing, when the prescription is released from pended status by the beneficiary.

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6. The contractor will notify the beneficiary via email when a prescription is eligible to be filled. At the beneficiary's request, the contractor shall perform this notification by telephone, instead of sending an email.
7. At dispensing, prescriptions will follow the standard mail order pharmacy adjudication process. For all DPP prescriptions, except those submitted from embassy locations, the appropriate overrides will be entered by the contractor to allow the prescription to fill. These overrides may include the following:
 - Max days supply limit (up to 180 days supply)
 - Refill too soon
 - Medical necessity
 - Prior Authorization required
 - Excluded Drug
 - Quantity Limits
 - Maximum Cost

C.7.10.6. Where clarification is required to process the prescription, the Contractor shall follow-up and contact the prescriber (if originating from theater or embassy) or Center (if originating from Pre-Deployment Center) within one (1) business day to verify the prescription. The Contractor shall allow 10-14 days for a response. For prescriptions originating in-theater, the Contractor will utilize the regional POC(s) to assist in resolution. After attempting appropriate follow-up, the Contractor shall return any prescriptions that cannot be processed to the appropriate POC and notify the beneficiary.

C.7.10.7. When a delay is expected, the prescription cannot be processed, and upon successfully processing and/or shipping, the Contractor shall notify the beneficiary via email or by phone at the beneficiaries request within one (1) business day.

C.7.11. Pharmaceutical Agents and Supplies

C.7.11.1. The Contractor shall provide inventory of pharmaceutical agents and supplies, hereafter referred to collectively as "agents," for TMOP for dispensing to TRICARE beneficiaries. The Government shall replenish that inventory as set forth below.

C.7.11.2. In order for the Government to replenish agents dispensed to TRICARE beneficiaries, the Contractor shall: (1) for brand medications, request replenishment in kind for the same agents as dispensed; (2) for generic medications, request replenishment in kind (i.e. the same agents as dispensed), or a therapeutically equivalent pharmaceutical agent. The Contractor shall request replenishment for agents dispensed to TRICARE beneficiaries by using the medical pricing catalog to obtain agents from the Government's contracted NPV (contract SPM2DX-13-D-1000 McKesson Corporation, solicitation SPM2DX-11-R-0001). The Contractor shall use the NPV as the primary source for pharmaceutical agents and supplies unless the Government approves dispensing of specific pharmaceutical agents as described in C.7.11.2.1. In order to optimize replenishment, the Contractor will provide written notification to the CO or COR when the NPV is not able to resolve any situations which may impede the replenishment process. This notification will identify each situation, including the specific agent and NDC, number of prescriptions impacted, reasons for the issue (if known), and any steps taken to locate additional sources of supply, and also provide recommendations as appropriate.

C.7.11.2.1. Market Priced Generic (MPG) Drug Recommendation(s). The Contractor may recommend to the DHA the use of generic agent(s) to dispense at TMOP if the supply chain for the product is not stable through NPV. The Generic Sequence Number (GSN) shall be the means of identifying the recommended drug family. There are no dollar-size limitations upon sustainment pharmaceutical agents offers.

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However, Government national contracted agents shall take precedent to all MPG opportunities absent to any sustainment issues. Government national contracted agents shall take precedent to all MPG opportunities absent to any sustainment issues. The Contractor's MPG recommendation must provide the following: (1) the specific MMC NDC and price for which a therapeutically equivalent agent is being offered; (2) evidence of market conditions which support the Contractor's recommendation based on the Government's usage demands at the time of evaluation; (3) an attestation that the product is therapeutically equivalent to the comparable agent listed on the MMC; (4) an attestation that the drug is Trade Agreements Act (TAA) compliant, unless informed by the Government that a Non-Availability Determination (NAD) has been issued and use of Non-TAA compliant drug is approved, consistent with DFARS 225.103(b)(iii)(B); (5) the unit price and quantity available from the recommended commercial source and an attestation the price does not include an additional mark-up; (6) the proposed total price to include drug, administrative fee, and estimated incentive; (7) the expected allocation of drug utilization between DoD and Dual-Eligible Beneficiaries; and (8) savings of the combined drug and administrative fee when compared to the listed price on the MMC; and (9) the expiration date of the offer, as well as the estimated time period during which the product shall be dispensed based on current usage demands. The Contractor shall concurrently provide a masked copy of all offers they submit to the DHA Contracting Officer to be provided to DLA. The masked copy will exclude Contractor pricing information from item (5) and items (6), (7) & (8) in their entirety from that communication.

C.7.11.2.1.2. If the contractor's MPG recommendation is approved by the Government, a provisional approval will be communicated to the contractor, who will then communicate the specific NDC to be purchased to the Government. The Government will then use the NDC to confirm the attestations of therapeutic equivalence and TAA compliance.

C.7.11.2.1.3. Upon the Government's confirmation of the contractor's attestations, the parties will execute a modification to authorize the purchase and dispense the specified agents at TMOP in lieu of ordering replenishment from NPV. The contractor will be paid a negotiated administrative fee for each MPG recommendation which is accepted by the Government and implemented at TMOP (CLIN X027); and may request reimbursement for the cost of pharmaceutical agents (described herein) dispensed by invoicing the Government (CLINs X028) as described in section G.

C.7.11.2.1.4. If the NPV has excess quantities of Government-specific inventory on hand (for the purpose of TMOP replenishment), the Contractor shall coordinate with the NPV to deplete these supplies per C.7.13.5. prior to dispensing MPG pharmaceutical agents. Once the Contractor begins to dispensing product for replenishment. The Contractor shall notify the NPV, to ensure product is available to support the Government usage demands, prior to when it has completed the dispensing of MPG-acquired pharmaceutical agents to ensure seamless transition back to use of Government-replenished inventory.

C.7.11.3. The Government compiles the medical pricing catalog from Federal Supply Schedules (FSS), Distribution and Pricing Agreements (DAPA), joint DoD/DVA national contracts, DoD contracts, and Blanket Purchase Agreements (BPA). This is currently compiled by the DLA-TS. The Contractor shall use the medical pricing catalog to identify, select, and price orders from the NPV for agents in package sizes that are most economical to the Government and can support TMOP utilization levels for agents which are replenished. If the Contractor is using the NPV's online ordering system, the contractor is required to select the most economical contracted agent available in the online ordering system. Orders shall be rounded down to the nearest whole package size of product needed to replenish agents dispensed through TMOP. The agents will be shipped by the NPV to the Contractor's TMOP location(s). In limited cases when required by the NPV or manufacturer, the Contractor may receive orders that are drop shipped directly from the manufacturer to TMOP.

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C.7.11.4. The Contractor will submit all routine orders to the NPV using the Electronic Order Entry System (EOES) Monday - Friday between the hours of 8:00AM and 5:00PM (Pacific Time). In order for the NPV to make routine delivery by the next business day, the Contractor shall submit its routine order(s) by 5:00PM (Pacific Time).

C.7.11.5. The Contractor may submit emergency orders to the NPV as needed, 24 hours a day, 7 days a week (using EOES, telephone, fax or email). Under the terms of the NPV contract (SPM2DX-13-D-1000) delivery of all emergency orders will be made to the TMOP receiving facility within six (6) hours of receiving an emergency order. The Contractor may request two (2) emergency shipments per month to TMOP at no additional transportation / handling charges to TMOP. Any additional emergency orders will accrue all applicable transportation and handling costs, which will be borne solely by the Contractor.

C.7.11.6. The Contractor, by performing a quantity receipt acknowledgement process consistent with the requirements in the NPV solicitation, will not be responsible for the cost of the product received from the Government since receipts represent replenishment of authorized quantities of agents dispensed at TMOP.

C.7.11.7. The Contractor shall not deviate from the procedures described above when ordering products from the NPV without prior written authorization from the CO or COR. Requests to do so shall include the 11-digit NDC number, nomenclature of the product(s), package size, anticipated purchase quantity, unit cost per package, and anticipated total cost of the order for both the requested product and the product it will replace.

C.7.11.8. The Contractor shall track and report volume of dispensed agents and the replenishment agents ordered and received from the NPV; the Contractor will also track and report the volume of agents dispensed from approved MPG recommendations and provide auditable reconciliation reporting by 11-digit NDC number (CDRLs M200, M210 and M360). The elements required for auditing will be specified by the Government. In the event that a dispensed NDC is not available for replenishment from the NPV, the Contractor will request replenishment with a therapeutically equivalent substitute product with the same drug, dose, and dosage form. In cases where therapeutic equivalent agents are used to replenish dispensed agents, the Contractor will maintain records which permit the therapeutic equivalent agents to be tracked by quantity and cost back to the original agents in the Contractor's inventory. The quantities ordered shall not exceed the quantities dispensed. The Contractor will provide written notification to the Government within 14 days if availability issues result in prescriptions being returned to the beneficiary.

C.7.11.9. The Contractor shall coordinate with the NPV and the DLA-TS as necessary in order to accomplish the replenishment of TMOP pharmaceutical agents. The operational processes for this coordination are between the Contractor and the NPV, but shall not be inconsistent with NPV requirements established in the DLA-TS/NPV contract SPM2DX-13-D-1000, or successor contracts.

C.7.11.10. The Contractor shall provide volume utilization data to the NPV for prescriptions dispensed by TMOP, to be used in determining the quantity stocked by the NPV.

C.7.11.11. At least twice a year, the Contractor shall participate in a process to expend any credits that have accumulated with the NPV as a result of returns, pricing errors, and other adjustments. This date and exact process for using the credit shall be mutually agreed-upon by DLA-TS, the NPV, the COR and the Contractor. In the event of an unusually large credit, the Government may initiate an out-of-cycle request to perform the process.

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C.7.12. Fulfillment and Absorption of Unreplenishable Pharmaceutical Agents and Supplies

As provided herein, the Contractor shall primarily dispense agents which are replenishable by the NPV. The Contractor understands that dispensed agents unreplenishable from the NPV are the responsibility of the Contractor. When an agent that is normally available from the NPV becomes unavailable, the Contractor will utilize its inventory to fill prescription orders, until NPV replenishment occurs; or an MPG recommendation is approved by the Government per C.7.11.2.1.

C.7.13. Rebaseline and Continuous Monitoring

C.7.13.1. Prior to the start of pharmacy services and by a date mutually agreed upon after award, and during each successive exercised option period within 60 days of CO notification, the Contractor will submit a baseline listing of multi-source generic or branded products by 11-digit NDC for approval by the CO or COR. Each baseline listing will identify the therapeutically equivalent NDC that is the most economical to the Government and will be dispensed for each product whenever substitution is permitted by the prescriber.

C.7.13.2. Following the start of option period 1, the Contractor shall continuously monitor availability and pricing of all products and provide weekly recommendations to the Government for the most cost-effective agents to be dispensed through TMOP. The Contractor shall identify the recommended change by 11-digit NDC for the Government's approval and the anticipated annual savings to the Government based on current utilization trends. The Contractor shall exclude those products acquired under an MPG recommendation approved by the Government per C.7.11.2.1 during the period in which the Contractor is dispensing the MPG-acquired pharmaceutical agents.

C.7.13.3. Authorization for NDC change requests must be obtained from the CO or COR in writing. The CO may direct the Contractor to make additional changes due to: 1) significant changes in drug prices, 2) the Government's award of a pharmaceutical procurement contract, or 3) other circumstances that necessitate a change.

C.7.13.4. The Contractor shall complete each NDC change no later than thirty calendar days after being notified by the Government. The Contractor shall submit a written request for extension to the COR within ten (10) days of receiving initial notification if the NDC change is expected to take longer than thirty calendar days. The request shall state the date the NDC change will be made and include the rationale for the extension.

C.7.13.5. The Contractor shall attempt to deplete all current inventory received from the prime vendor prior to implementing the NDC change. In situations where the prime vendor has supplies of government-specific inventory, the Contractor shall work with the prime vendor to deplete supplies prior to implementing the NDC change. The Contractor shall notify the Government if it anticipates it will be unable to deplete this inventory.

C.8. Formulary & Copayment

C.8.1. Uniform Formulary

C.8.1.1. The Contractor shall comply with the provisions of the DoD Uniform Formulary and its copayment structure. Uniform Formulary changes are generally announced quarterly. Additional information may be found at www.tricare.mil/uniformformulary and www.tricare.mil/pharmacycosts.

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C.8.1.2. The Contractor's participation in the formulary review process will be through its participation in the Beneficiary Advisory Panel (BAP). Further information is available here: <http://www.health.mil/About-MHS/Other-MHS-Organizations/Beneficiary-Advisory-Panel>.

C.8.1.3. When the P&T process makes changes to the formulary such as the approval of new or revised clinical interventions, prior authorization, medical necessity, formulary or coverage status for specific pharmaceutical agents or classes or alters clinical and/or safety criteria, the Contractor shall adopt those changes according the specified implementation date. The Contractor shall continually monitor and implement uniform formulary changes published at <http://www.health.mil/About-MHS/Other-MHS-Organizations/DoD-Pharmacy-and-Therapeutics-Committee/Meeting-Minutes>.

C.8.1.4. TRICARE authorized vaccines administered by retail network pharmacies in accordance with the Centers for Disease Control (CDC) immunization protocols governing their use found at <http://cdc.gov/vaccines> are covered under the TRICARE Pharmacy Benefit. The list of TRICARE authorized vaccines are found on the TRICARE website, located at <https://tricare.mil/immunizations>. The Contractor shall also monitor and adhere to any future change to the list if and when it occurs.

C.8.1.5. Requests for pharmaceutical agents and supplies not covered under the pharmacy benefit will be denied. Appeals of denied claims submitted by the beneficiary will be reviewed under the appeals process, set forth in TOM, Chapter 12.

C.8.2. Copayment Collection

Copayments shall be charged to beneficiaries in accordance with the TRM, Chapter 2, Addendum B. The Contractor shall be responsible for collecting beneficiary copayments when dispensing prescriptions through TMOP, and ensuring that the appropriate copayment is collected at retail network pharmacies. The Contractor shall make changes to its systems to implement the pharmacy copayment specified in the TRM, Chapter 2, Addendum B within 14 calendar days of receiving notice from the Government that the copayment dollar amount and/or percentage has changed. Copayments for prescriptions under special programs will be included in TRM, Chapter 2, Addendum B and may vary from the tier structure. All copayment changes will be effective for pharmaceuticals dispensed on and after the implementation date specified by the Government.

C.9. Clinical Services

C.9.1. Clinical Reviews

C.9.1.1. The Contractor shall perform clinical reviews for pharmaceuticals designated by the P&T as requiring Prior Authorization (PA) and/or Medical Necessity (MN), and based upon P&T established criteria. The P&T Committee will provide PA and/or MN criteria for these pharmaceuticals. The Contractor shall conduct any required clinical reviews using the approved criteria.

C.9.1.2. When P&T designates new pharmaceuticals as requiring a PA or MN, the Contractor shall adopt those changes according the specified implementation date. The Contractor shall have a process for validating new clinical review requirements to ensure that claims adjudicate as intended by the Government.

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C.9.1.3. The Contractor shall use best commercial practices for conducting all clinical reviews so as to achieve TRICARE Pharmacy Program objective of minimizing costs to the Government by maximizing the use of preferred drugs and minimizing the use of non-preferred or non-formulary drugs.

C.9.1.4. Clinical Review Processes

C.9.1.4.1. The Contractor shall check the patient's profile to determine if a clinical review for necessary PA or MN has been completed as a result of a qualifying MTF dispensing (see C.9.2.1.1) or for a mail order or retail dispensing. The Contractor shall not perform a clinical review if one has previously been completed. If no PA or MN is on file and there is no prior record of a qualifying MTF dispensing of the medication, the Contractor shall perform the determination and transmit the approval or denial of the PA or MN determination to PDTS. Additionally, TED records will be submitted in accordance with the TSM for all approved or denied clinical reviews performed. If additional information is received for a denied PA or MN within 14 calendar days of the initial denial, the reconsideration shall be considered part of the initial review and no change shall be made to a previously submitted TED for the revised PA or MN.

C.9.1.4.2. The Contractor shall allow an MTF prescriber or pharmacist to report completed clinical reviews and shall document such reviews on the contractor's system. These PAs shall be immediately available for claims processing.

C.9.1.4.3. An MTF prescriber or their representative, or a pharmacist may also utilize the Contractor's call center or web tools to request a clinical review, which shall be conducted per the requirements under C.9.1.9.

C.9.1.4.4. In cases where the clinical review was conducted by the MTF and placed on the profile by the Contractor (per C.9.1.4.1. above), the Contractor shall not submit a TED record.

C.9.1.5. The Contractor shall notify the beneficiary and prescriber of the clinical review decision, except in cases where the review was performed by an MTF under C.9.1.4.2. For denied clinical review determinations, the Contractor shall notify the beneficiary in writing and advise them of their appeal rights. The initial notification shall contain sufficient information to enable the beneficiary or prescriber to understand the basis for the denial and shall state with specificity what services and supplies are being denied and for what reason (i.e., listing specific PA or MN criteria not met). The Contractor shall utilize best commercial practices for communicating these denials to minimize beneficiary confusion. An appeal of the Contractor's initial determination and any further appeals shall be processed in accordance with the TOM, Chapter 12.

C.9.1.6. The Contractor will also be responsible for providing the Government with information for use in P&T deliberations. The Contractor shall provide expertise and recommendations:

- For implementation of criteria prior to PA or MN implementation, based on best commercial practice; and
- For maintenance of the criteria over time (i.e., making appropriate recommendations for changes to the criteria if new clinical information becomes available after the implementation period).

The Contractor will propose changes to implementation processes or criteria, as they relate to TRICARE patients, and provide those proposed changes for Government review and concurrence. The Contractor will be responsible for developing the mechanism for reviews, subject to Government concurrence.

C.9.1.7. The Contractor shall perform PA determinations regarding off-label use of pharmaceuticals in accordance with the TPM, Chapter 8, Section 9.1.

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C.9.1.8. The Contractor shall have the ability within its system to identify all beneficiaries with an existing PA or MN for specific medications, at the request of the Government. The Contractor shall have the ability to apply, shorten, extend, or remove a specific PA or MN for any identified patient or group of patients. The Contractor shall execute this process within 30 days of receiving a request from the Government.

C.9.1.9. The Contractor shall process clinical review requests and provide notification to the beneficiary and prescriber in a manner that meets the following minimum processing standards:

- (b) (4) % of all clinical reviews, to include those for compound medications, shall be completed and notification sent within five (5) days of receipt of a properly completed request, measured monthly.
- 100% of all clinical reviews shall be completed and notification sent within ten (10) days of receipt of a properly completed request, measured monthly.

The Contractor shall provide reporting with clinical review volumes and processing times (CDRL Q090). Electronic Prior Authorization (ePA) shall be tracked and reported separately from non-electronic reviews.

C.9.1.10. Availability of Medications Non-Compliant with Federal Ceiling Price

C.9.1.10.1. Retail network claims for covered drugs will be limited by the written pricing agreement requirements at 32 C.F.R. 199.21(q) (2). The P&T process will determine when covered drugs are unavailable through the retail network under this regulation and determine the criteria for preauthorization. These items and their respective implementation dates are published at <http://www.health.mil/About-MHS/Other-MHS-Organizations/DoD-Pharmacy-and-Therapeutics-Committee/Meeting-Minutes>.

C.9.1.10.2. Beginning on the published implementation date, access to these medications in the retail pharmacy network shall be restricted in accordance with TPM, Chapter 8, Section 9.1. The Contractor shall block all dispensings of the selected drug in the retail network, except when a preauthorization has been approved.

C.9.1.10.3. As the Government restricts access to a non-compliant covered drug, the Contractor shall mail notices to beneficiaries with active prescriptions, describing the new restriction and providing information on how to change the current prescription to either an approved agent or move to TMOP (See C.10.4.3). The beneficiary may also submit a request for preauthorization, which shall be considered a type of clinical review and processed under the requirements in C.9.1.

C.9.1.11. Clinical Reviews for Dispensing Brand Over Generic

The Contractor shall perform prior authorizations using Contractor-developed, Government-reviewed criteria to determine when there is a clinical justification to use a brand name drug in lieu of a generic equivalent. The Contractor's criteria and documentation of clinical basis for criteria will be made available to the COR, for initial approval and concurrence, not less than 120 days prior to the start of pharmacy services. Once initial criteria are approved, the Contractor may only make changes to the criteria, as they relate to TRICARE patients, upon the Government's review and concurrence.

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C.9.2. Administrative and Automated Overrides

The Contractor will perform administrative and automated reviews. These edits do not require the same level of effort as clinical reviews and shall not be considered as such. These edits include but are not limited to automated overrides for age limit and gender restrictions for beneficiaries who meet the criteria, automated profile reviews, as well as quantity limit overrides for vacations, deployments, or medication dosage changes. System generated PAs shall be distinguished from PAs resulting from a clinical review on the patient's profile and in the PDTs data warehouse.

C.9.2.1. Administrative Overrides for MTF Claims

C.9.2.1.1. MTF Claims Submitted through CHCS/AHLTA

MTF pharmacies perform their own clinical review and the Government deems that the requirement for prior authorization for a drug has been satisfied if that drug has been dispensed at an MTF pharmacy, including medications dispensed in theater (See C.12.6). When adjudicating a claim at any point of service for a prescription requiring prior authorization, the Contractor shall review the profile for any MTF dispensings of the medication. If the medication has been dispensed by an MTF, the Contractor shall perform an administrative override to bypass the PA requirement and process the claim. This override shall be applicable to the dispensing of the medication at other points of service in alignment with benefit design rules as determined by the Pharmacy and Therapeutics Committee or business rules for claims processing. The override does not apply to any ProDUR edits that the claim may generate and will be handled according to the applicable business rules for that claim.

C.9.2.1.2. MTF Claims Processed through EHR

MTF Claims processed through the EHR will require PA when required by P&T. The Contractor shall perform a one-time load of PAs, as directed by the Government, to minimize disruption at MTFs and allow patients to continue to get prescriptions as described under C.9.1.4.1.

C.9.2.2. Automated Profile Reviews

The Contractor shall provide automated profile reviews for pharmaceuticals and drug classes designated by P&T. Step therapy is a type of automated profile review that is intended to channel patients to preferred agents that provide the most cost-effective therapy and the least risk to patients. The Contractor shall perform the step therapy reviews electronically via automated medication profile review in real-time at the point of service. When a prescription for a drug requiring automated profile review is presented, the automated profile review will look back a minimum of 180 days, and up to 360 days for qualifying drugs. The Contractor's look back methodology shall have technical capabilities to be able to address a variety of potentially complex step edits, including but not limited to multiple steps.

C.9.3. Safety Enhancement for Step Therapy

The Contractor will promote patient safety when the step therapy edit results in a prescription claim rejection. At a minimum, the Contractor shall ensure that the beneficiary and prescriber understand why a rejection has occurred and the available options and alternative drugs, as applicable. The Contractor shall perform outreach to patients who encounter a rejection and subsequently do not fill a prescription for the medication or for a suitable alternative within four (4) days of encountering the rejection at retail and seven (7) days at TMOP and MTFs. The Contractor shall provide outreach to all such patients for step

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therapy for drugs or classes designated by P&T within 14 days of the reject. The Contractor will provide reporting to the Government (CDRL Q220). The Contractor shall suppress those notifications for MTF rejects upon request of the Government.

C.9.4. Prescription Monitoring Initiatives

C.9.4.1. Under 32 C.F.R. 199.4, TRICARE may not cost share drugs to support or maintain a potential abuse situation. Prescription monitoring is a coordinated effort between TRICARE pharmacy and medical venues to identify beneficiaries who exhibit possible unsafe controlled medication usage and to restrict specific individuals to appropriate levels of utilization for their medical situation. The Contractor shall support prescription and utilization monitoring intended to identify potential abuse situations and restrict access to prevent further abuse. Two aspects of prescription monitoring include the Prescription Restriction Program, described under C.9.4.2, and MTF Restrictions, described under C.9.4.3.

C.9.4.2. Prescription Restriction Program

C.9.4.2.1. The Contractor shall manage the Prescription Restriction Program in accordance with the requirements set forth in TPM, Chapter 8, Section 9.1, Paragraph 4.0 and TOM, Chapter 28. The Contractor shall coordinate efforts to identify potential candidates with the regional MCSCs. The Contractor shall coordinate directly with the MTF sites.

C.9.4.2.2. Reserved.

C.9.4.2.3. The Contractor shall generate a quarterly listing of the most likely candidates for restrictions (Q240).

C.9.4.2.3.1. The list will contain the top ^{(b) (4)} candidates for each region based on the beneficiary's Primary Care Manager (PCM) assignment (Prime) or region location (e.g., residential address of Select beneficiaries). Candidates with an MTF PCM will go to the respective MTF.

C.9.4.2.4. Where the MCSC or MTF determines that a restriction is appropriate and notifies the Contractor accordingly, the Contractor shall take one of the following actions for that beneficiary:

1. Restrict the beneficiary so all medications, or specific medications must be prescribed by a specific provider(s) and/or filled at a specific pharmacy(ies);
2. Require the beneficiary to pay 100% of the cost of the restricted medications until beneficiary provides the required information to the pharmacy Contractor.

C.9.4.2.5. Upon receiving a determination from an MCSC, identifying those beneficiaries to be enrolled in the program, the pharmacy Contractor shall send letters per TOM Chap 28.

C.9.4.2.6. Upon receiving the beneficiary's response designating their prescribing providers, or the MTF's direction on restriction, the Contractor shall lock the beneficiary in accordance with the specified restrictions. Once the beneficiary is locked, the Contractor shall reject all pharmacy prescriptions submitted which violate a beneficiary's restriction(s) in accordance with C.9.4.2.8.

C.9.4.2.7. The Contractor shall provide a list of beneficiaries who have not responded within 14 calendar days to the COR or other designated authority to approve the entry of 100% cost share restriction.

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C.9.4.2.8. The pharmacy contractor will enter within 24 hours of receiving the provider selections from the beneficiary or restriction guidance from the Government. Approved overrides to restrictions will be completed as soon as possible, not to exceed four (4) business hours. For one-time exceptions to allow a claim to process, three possible overrides may be offered, depending on the situation and point of service. All overrides shall be reported in the Q100 CDRL.

- A. Override by request – Immediately upon receiving the request, the Contractor enters an override to allow the prescription to process outside of the restriction. The override limit is set per TOM Chap 28 unless the COR provides additional guidance.
- B. Approved Overrides – When a request is made, the Contractor shall gain approval from the MTF POC or MCSC POC where the restriction originated or the COR as necessary to facilitate the process. The COR will have final concurrence for MCSC overrides and changes. The contractor shall enter the override as soon as possible, not to exceed four (4) business hours.
- C. Pharmacy Overrides – An override entered by the pharmacy as part of the claim adjudication process.

Restrictions will be handled differently for mail order, retail, MTF CHCS and MTF EHR prescriptions and overrides shall be offered in accordance with C.9.4.2.8.1, C.9.4.2.8.2., and C.9.4.8.3.

C.9.4.2.8.1. Mail order and, retail prescriptions will be rejected if they are not in compliance with the beneficiary's restriction. An override by request (See C.9.4.2.8 (A) above) may be issued when the beneficiary calls the Contractor. When the number of overrides by request for that period has been reached, the Contractor may approve override (See C.9.4.2.8 (B) above) after approval of the appropriate POC.

C.9.4.2.8.2. An CHCS MTF prescription will generate a ProDUR warning alerting them that the beneficiary is not in compliance with their restriction, which the MTF can override (See C.6.7.3.).

C.9.4.2.8.3. MTF EHR prescriptions will be rejected if they are not in compliance with the beneficiary's restriction. The pharmacy may enter their own override (See C.9.4.2.8 (C) above) or may contact the Contractor to request an override (See C.9.4.2.8 (A) above). Overrides by request shall be honored when requested by the MTF pharmacy. The Contractor shall be available during all hours that MTF pharmacies that use EHR are open to assist the MTFs by providing information about the patient restrictions and entering an override by request.

C.9.4.2.9. The Contractor shall also apply restrictions for beneficiaries at their own request (for example, in the case of identity theft). Beneficiaries with restrictions entered at their own request may dis-enroll from the program at any time and remove all restrictions.

C.9.4.2.10. To aid the Government in monitoring the program, the Contractor shall provide reporting on the number of beneficiaries with restrictions, changes to restrictions over the reporting period, beneficiaries not in compliance with their restrictions, and an MTF compliance summary (CDRL Q100).

C.9.4.2.11. The contractor shall provide a monthly update report to the Government office (each TRO, program office (e.g., dental) or MTF) a list of their assigned beneficiaries restricted in their area (M280).

C.9.4.3. Other MTF Restriction Programs

In addition to the Prescription Restriction Program, individual MTF sites may have specific utilization and prescription monitoring programs, such as Warrior Transition Units, where military personnel may be enrolled for a limited duration. Under these programs, the MTF will make determinations for modification and/or removal of a beneficiary's restrictions. The MTFs will communicate these

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determinations to the Contractor to modify restrictions. The Contractor shall enter or update these restrictions as described above.

C.9.4.3.1. The TPharm contractor shall create and maintain the MTF restriction forms, storing it on their website, and communicating its location to the MTFs. The contractor shall provide proposed changes to the Government for review and concurrence. The form will contain, at minimum, the following data elements:

- If a new request or modification to existing request
- Date
- Whether restriction is a reinstatement and date
- Restricted beneficiary's information (name, sponsor SSN, date of birth)
- Type of lock
- Provider(s) name and DEA/NPI
- Pharmacy's name and NPI
- Requestor POC information (phone number, email, signature, and date for provider, registered nurse, and/or MTF RPh)
- Restricting MTF Site
- Reason for Request and effective date
- Whether member has been notified of restriction

C.9.4.3.2. TPharm contractor will provide a monthly report containing of the beneficiaries' profiles broke out by MTF PCMs (M290). This monthly report will also contain at summary level, at a minimum, the following data elements:

- MTF prescribers that write for restricted beneficiaries that are not assigned to them
- MTF prescribers writing a high volume of Schedule II-V prescriptions
- Non-compliant beneficiaries

C.9.4.4. The contractor shall establish the MHS as a new "state" for the purposes of sharing data with all other Prescription Drug Monitoring Databases (PDMPs) by 31 Dec 2018. The MHS PDMP will be developed and supported compatibly with PMP Interconnect, the nationwide, interoperable PDMP data sharing hub, owned by the National Association of Boards of Pharmacy (NABP). MHS PDMP data shall be available for registered PDMP users for all other states, including prescribers, pharmacists, and law enforcement.

C.9.4.4.1. The contractor shall update the PDMP data each day with prescription dispensing activity from the previous day. The data file shall initially include schedule 2 to 5 prescriptions that are dispensed from an MTF pharmacy (including CHCS and DHMSM EHR). The file may also include Government-specified addition of non-controlled drugs with high potential for abuse. Data shall be submitted using the most current version of the American Society for Automation of Pharmacy (ASAP) 4.25A Standard, to include future updates in accordance with industry best practices. The file shall include, at a minimum, all ASAP required fields. The contractor shall monitor MHS PDMP data on a daily basis and perform validation and reconciliation of the MHS data. The contractor shall populate the file using the beneficiary's most current available address.

C.9.4.4.2. The contractor shall provide MHS users with secure web-based access to query the most currently available data from all PDMPs. The contractor shall provide support to providers for issues related to data content and accuracy of the MHS PDMP database. The contractor shall register all credentialed prescribers, pharmacists, and their appointed representatives to allow them access to query all PDMPs and shall actively promote registration by all qualified practitioners. The contractor shall also provide training for users and education on appropriate input and use of data.

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C.9.4.4.3. The contractor shall provide monthly reporting on registrations and queries of PDMP data in accordance with CDRL M310 – PDMP Overview Report.

C.9.5. Adherence Monitoring

Adherence to medication therapy is an important component of improving overall health outcomes. The Contractor shall implement processes to monitor, measure, report and improve prescription adherence. Initiatives include but are not limited to processes designed to increase patients' adherence to prescribed therapy, promote conversion to preferred formulary agents and to optimize drug therapy in selected populations/disease states.

C.9.6. Medication Adherence Pilot

In accordance with Section 701(h) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, DoD will conduct a pilot program to demonstrate and assess the feasibility of incorporating a value-based health care methodology to the purchased care components of the TRICARE program.

C.9.6.1. By January 1, 2018, or a subsequent date as directed by the Government, the contractor shall implement the requirements of this pilot per TOM, Chapter 18, Section 22, for specific medications, or drug classes as determined by P&T Committee. The list of drugs specified for this pilot, and any changes made to that list will be published at <http://www.health.mil/About-MHS/Other-MHS-Organizations/DoD-Pharmacy-and-Therapeutics-Committee/Meetings-Minutes>.

C.9.6.2. As described in TOM, Chapter 18, Section 22, ¶ 7.1 the pilot includes a reduction in beneficiary cost shares listed in TRM, Chapter 2, Addendum B, for the specified drugs. However, in accordance with ¶ 7.2 of that section, the reduced copays (for specified drugs) will not be used by the Contractor when updating beneficiary catastrophic cap and deductible amounts in DEERS.

C.9.6.3. The contractor shall provide the Government with a report (CDRL Q230) regarding the application of adjustments made to the catastrophic cap amounts.

C.9.6.4. The contractor shall provide beneficiaries an initial notification about the pilot, as well as any updates to this program per C.10.4.4.

C.10. Beneficiary Services & Education

C.10.1. Beneficiary Support Services

C.10.1.1. The Contractor shall offer beneficiary services, including a call center. The Contractor shall operate beneficiary services with personnel predominantly dedicated to this contract and shall respond to beneficiary inquiries 24 hours a day, 365 days a year, in accordance with the contract requirements and performance standards stated below. Through its beneficiary services operation, the Contractor shall provide accurate, complete and timely responses in a courteous manner to questions from beneficiaries about any aspect of the services provided under this contract. The Contractor shall use best commercial practices and technology that meet the needs of the MHS beneficiary in providing customer support and education resources, including mobile access and social media. The Contractor shall provide beneficiary services to all non-English speaking and hearing impaired beneficiaries. The Contractor's beneficiary service operation shall fully support beneficiary inquiries during the phase-in period beginning no later than 40 calendar days before the start of pharmacy services. The Contractor shall provide a data file of call center utilizers (CDRL Q070).

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C.10.1.2. The Contractor shall offer toll free numbers in support of all the services provided under this contract, based on the requirements in Chapter 23, Section 4 and Chapter 11, Section 6 of the TOM. The Contractor shall provide the Government with a list of all telephone and fax numbers used in the support of this contract and shall provide updates when numbers are added or changed.

C.10.1.3. The Contractor shall provide beneficiaries with access to their own claims history for no less than 18 months after their TRICARE eligibility has ended.

C.10.1.4. When the Contractor cannot resolve a specific beneficiary issue related to care not covered under this contract, the Contractor shall facilitate the beneficiary's contact with the appropriate organization to seek additional guidance. This requirement includes, but is not limited to the following situations:

- The beneficiary's issue concerns eligibility status within DEERS and must be addressed by the DEERS Customer Support Office; or
- The beneficiary's issue concerns coverage administered by another TMA Contractor (e.g., the MCSCs for their region).

Based on the additional guidance, the Contractor will continue to work the issue until resolved or otherwise dispositioned.

C.10.1.5. The Contractor's Automated Response Unit (ARU) shall have an option for beneficiaries to check the status of their TMOP pharmaceutical prescription orders. The ARU initial menu shall also allow beneficiaries the option of being immediately transferred to a Customer Service Representative.

C.10.1.6. At the beneficiary's request, the Contractor shall perform coverage checks to verify whether a prescription will process under the benefit and confirm the copay that will be assessed. The Contractor shall use the complete beneficiary profile and claims data when performing the coverage check to ensure that the beneficiary is provided with an accurate answer, including but not limited to:

- Medications dispensed at all points of service;
- Clinical reviews on file; and
- Previous claims impacting edits.

C.10.1.7. The Contractor shall accept referred customer service cases via the Government's secure, web-based Assistance Reporting Tool (ART) which promotes customer service by facilitating beneficiary case resolution with less risk of compromising Protected Health Information (PHI) or Personally Identifiable Information (PII).

C.10.1.8. All written responses to beneficiaries shall meet the standards established in the Plain Writing Act of 2010 (See 5 U.S.C. 301), as implemented in DoDI 5025.13, communicating to beneficiaries in a manner that is "clear, concise, well-organized and follows other best practices appropriate to the subject or field and intended audience." The Contractor shall use alternative government identification number, such as the DoD Benefits Number (DBN) in place of the SSN on outgoing correspondence from the Contractor to the beneficiary.

C.10.1.9. The Contractor shall monitor priority correspondence (See TOM Chapter 23, Section 4) addressing any beneficiary issue under this contract received from any source and provide reports of priority correspondence updated as correspondence is entered or closed (CDRL M080). The Contractor shall forward priority correspondence to the Government in accordance with TOM Chapter 11, Section 5, Paragraph 5.0.

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C.10.1.10. The Contractor shall monitor issues driving call center volume and provide monthly report of the top call center issues to the Government (CDRL M090). Additionally, significant issues that drive high call volumes or other significant sources of beneficiary dissatisfaction shall be reported to the COR or other designated authority. The Contractor shall provide a data file identifying all beneficiaries contacting the call center over the reporting period. Interim updates on specific issues shall be provided to the Government upon request.

C.10.1.11. On an ongoing basis, the Contractor shall monitor beneficiary calls and industry trends to identify emerging issues impacting TRICARE beneficiaries. These issues shall be communicated to the COR or other designated authority on a timely basis. The Contractor shall work in collaboration with the Government to address these issues as appropriate.

C.10.1.12. The Contractor shall provide the Government with real-time remote and on-site call monitoring capabilities, as described in TOM, Chapter 11, Section 6.

C.10.1.13. Consistent with TOM Chapter 23, Section 4, Paragraph 4.1, the Contractor shall provide an EOB to beneficiaries who obtain pharmacy services through either retail or the Mail Order Pharmacy (MOP) points of service. These EOBs will detail the beneficiary's retail, mail order, specialty and MTF prescription activity. The Contractor shall provide EOBs primarily by electronic means, but will also offer delivery by mail at the beneficiary's request or if a valid email address is not available. Electronic EOBs are to be generated monthly but mailed EOBs will only be provided on a quarterly basis. Quarters are defined by the calendar year; and EOBs will be generated no later than 11 days after the end of the period being reported (both monthly and quarterly).

C.10.1.13.1. The initial EOB mailing will be in July, 2015 and will include beneficiary prescription activity for the months of April, May and June, 2015.

C.10.1.13.2. The Contractor will not bill the Government for the final EOB mailing generated under this contract.

C.10.1.13.3. The Contractor shall track the volume of EOBs sent through both channels, including the number of returned electronic notifications, the number of beneficiaries that accessed their electronic EOB and the number of mailed copies that were returned (CDRL Q130).

C.10.1.14. As measured on a monthly basis, measured specifically for the beneficiaries serviced under this contract, the minimum performance shall be as follows:

Service Category	Standard
Telephone Answering (Initial answer)	100% within 20 seconds
Transfer to live Beneficiary Service Rep after selection by caller	30 seconds Average Speed of Answer
Telephone Call Blockage rate	2% or less
Abandoned Call rate at any point	3% or less
Telephone Calls Resolved at any point	95% during initial call, 100% within 2 days
Priority Correspondence – Complete and issue resolved (to the	95% during 10 days, 100% within 30 days

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Government's satisfaction)(Includes Electronic)	
Routine Correspondence (Includes Electronic)	85% within 15 days, 100% within 30 days

The Contractor shall provide reporting on all metrics (CDRL Q110).

C.10.2. Pharmacy Help Desk Service

C.10.2.1. Starting no later than 40 days prior to the start of pharmacy services, the Contractor shall operate a pharmacy help desk that helps retail network pharmacies provide courteous, prompt, efficient retail pharmacy services to TRICARE beneficiaries in accordance with TRICARE Pharmacy Program requirements.

C.10.2.2. The Contractor shall also accommodate calls from MTF pharmacies to support processing of claims, dispensing of medications, or other related issues. The Contractor shall provide a dedicated toll free number in support of MTF pharmacies and shall have staff specifically trained to support the MTFs. Prior to the start of pharmacy services, the TMA POC will provide training to assist the Contractor in developing processes to support MTF pharmacies.

C.10.2.3. The Contractor shall respond to inquiries from retail network pharmacies and MTF pharmacies 24 hours a day, 365 days a year, in accordance with the performance standards stated below.

Service Category	Standard
Telephone Answering (Initial answer)	100% within 20 seconds
Transfer to Customer Service Rep after selection by caller	30 seconds Average Speed of Answer
Telephone Call Blockage rate at any point	2% or less
Abandoned Call rate at any point	3% or less

The Contractor shall report MTF calls separately from those received from retail pharmacies. The contractor shall also track calls from EHR sites separately from CHCS sites and provide trending and feedback on call drivers at EHR sites.

The Contractor shall provide reporting on all metrics (CDRL Q120).

C.10.3. Beneficiary Education

C.10.3.1. The Contractor shall propose a comprehensive beneficiary education plan to the Government, as described in TOM, Chapter 11, Section 1. Additionally, the plan shall meet the following minimum requirements:

- Establishes goals for educational plan and metrics to evaluate performance relative to these goals.
- Provides monthly updates, news articles, or items of interest to TMA BE&S as determined in the Memorandum of Understanding (MOU) described in Section C.19C.19.3 (CDRL M070).
- Content of articles will be coordinated with TMA BE&S.
- Timing of articles to meet lead time required by BE&S production schedule.
- Articles shall be provided to COR or other designated authority for review prior to final submission.

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- Includes proposal on how educational materials, letters, and other educational outreach to beneficiaries will be delivered, such as by use of email, text, mobile app or U.S. Mail.
- Includes a plan for how the Contractor will acquire email addresses and maintain them, recognizing that any Contractor collection of email addresses must have appropriate disclaimers to advise the beneficiary of how this PII will be protected. The Contractor shall monitor undeliverable email and will not continue to send messages to known invalid email addresses. If the Contractor is notified that emails are being received by someone other than the intended recipient, the Contractor shall discontinue use of the email address until it has been verified by the beneficiary and corrected.
- Includes a plan describing their sustained communication effort to educate the beneficiary population about the benefits of receiving electronic EOBs; and to influence greater adoption of its use.

C.10.3.2. The Contractor shall provide input to BE&S to support the development of the content of the educational materials, including but not limited to the following:

- Develop updates and/or content for inclusion in the training manuals/curriculum for the TRICARE Fundamentals Course. These materials shall be provided in accordance with the quarterly print and posting schedule provided by TMA BE&S.
- Review and provide content and/or updates to Frequently Asked Questions on topics of interest to beneficiaries, based on beneficiary inquiries made to the call center.
- Collaborate with BE&S in the development and implementation of communication plans to support the implementation of benefit design changes and other initiatives identified by the Government.

C.10.3.3. All articles provided by the Contractor shall contain accurate, original, and publication-quality content that requires minimal editing by the Government. All articles shall be submitted to the COR or other designated authority for review and concurrence prior to distribution to internal government partners or MCSCs.

C.10.3.4. The Contractor shall attend the annual BE&S Training Conference and participate in quarterly BE&S Partnership Meetings. The conference runs approximately three days. The Contractor shall provide representation that can address all issues involving beneficiary education to include print, Web, social media, and customer service.

C.10.3.5. The Contractor shall participate, in person when applicable, in round table meetings/summits with the Government, MCSCs, and any other participants that the Government determines are necessary twice each calendar year. The round table meetings/summits requires high level managerial participation from the Contractors (CEOs, Medical Directors, Operations) and participation, in person, by the Contractor's technical and cost experts as determined by the agenda. The round table meetings/summit participants are tasked with reviewing current policies and procedures to determine where proven best practices from government and private sector operations can be implemented in the administration of TRICARE to continue TRICARE's leading role as a world-class health care delivery system.

C.10.3.6. The Contractor shall attend the annual Joint Forces Pharmacy Seminar and participate in joint educational efforts.

C.10.3.7. The Contractor shall alert the COR about news that will have impact on the beneficiary population and is likely to increase customer service or media contacts. Contractor shall answer only the media questions that specifically apply to their management of the pharmacy benefit. All questions beyond that scope will be referred to BE&S. The Contractor shall also coordinate all TRICARE-related

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media activities with BE&S. The Contractor shall include the COR or other designated authority on any communications with BE&S.

C.10.3.8. Use of printed materials will be limited to essential products and the Contractor shall assist the Government in identifying the most cost-effective and efficient delivery of beneficiary educational materials. The Contractor is responsible for all storage, handling and distribution of printed materials that are produced and shipped to the Contractor. The Contractor shall distribute printed materials to individuals, MTFs, Beneficiary Counseling and Assistance Coordinators (BCACS) or other entities, as requested. The Contractor shall accept and fulfill orders for printed materials from designated POCs submitted via the Contractor's link on a government website. The Contractor may request additional printed materials from the Government on a quarterly basis.

C.10.3.9. The Contractor shall accept requests from beneficiaries to opt-out of receiving educational materials by mail. The opt-out will not apply to notifications pertaining to safety and recall issues, benefit design changes (e.g., formulary changes) or the processing of specific claims or clinical reviews.

C.10.3.10. Medication Disposal

There are a number of safety concerns associated with patients having unused and expired medications in the home. The Contractor shall promote beneficiary safety by providing educational support to beneficiaries on the proper handling and disposal of unused or expired medications.

C.10.4. Mailings

C.10.4.1. On a quarterly basis, the Contractor shall mail notices to newly-eligible beneficiaries, as identified by the Government. The letter shall contain, at a minimum:

- A brief description of the TRICARE Pharmacy Benefit.
- The Contractor's contact information, including mailing address, beneficiary service telephone numbers, toll-free numbers for overseas beneficiaries, and the Contractor's e-mail addresses
- The Contractor's TPharm website address.
- Contractor supplied TMOP registration form, and postage paid return envelope.
- Information on how the beneficiary can download the TRICARE Pharmacy Handbook from the Contractor's website.

C.10.4.2. Reserved.

C.10.4.3. On a quarterly basis, the Contractor shall mail notices to beneficiaries who, within the past year, have received prescriptions for pharmaceutical agents that are newly-designated as (a) non-formulary; (b) for restricted access at retail due to non-compliance with Federal Ceiling Price (FCP); (c) requiring prior authorization or step therapy; (d) removal from automatic refill program; (e) non-covered; or (f) a circumstance requiring mailed notification to beneficiaries as determined by the DoD P&T Committee. These beneficiaries will be as identified by the Government. Both formulary and FCP compliance decisions are available at <http://www.health.mil/About-MHS/Other-MHS-Organizations/DoD-Pharmacy-and-Therapeutics-Committee/Meeting-Minutes>. The notices sent to beneficiaries shall explain the changes and identify formulary alternatives as well as any additional information required to ensure continuity of care. These notices shall be approved by the COR or other designated authority prior to being mailed.

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C.10.4.3.1. The Contractor will provide reporting (CDRL M370) of results from the implementation of changing a drug to non-covered status.

C.10.4.4. At the direction of the CO, the Contractor shall mail notices to beneficiaries identified by the Government regarding changes to the prescription drug benefit or other prescription drug information. The Contractor shall ensure that these notices are mailed to beneficiaries within five (5) calendar days of receiving direction from the CO. The notice shall be approved by the COR or other designated authority prior to being mailed.

C.10.4.5. The Contractor shall monitor clinical issues and send letters to beneficiaries who have filled impacted medications at retail or mail, notifying them of these issues.

C.10.4.6. Prior to sending out any mailing under this contract, the Contractor shall utilize commercially-available mailing preparation software to scrub beneficiary mailing addresses. The Contractor shall monitor returned mail and shall not continue to send mail to beneficiaries with known bad addresses.

C.10.4.7. When a valid email address is available and the beneficiary has indicated a preference for electronic communications, the Contractor may issue any notification described under C.10.4 by email. Collection, maintenance and use of email addresses shall be in accordance with the Contractor's plan described in C.10.3.1.

C.10.4.8. All communications with beneficiaries are subject to review by the Government upon request. The Contractor shall electronically provide the Government with copies of all mailings to be distributed to beneficiaries.

C.11. Claims Reviews and Audits

C.11.1. Quality Control

C.11.1.1. The Contractor shall implement and continuously operate quality controls that comprehensively address all major functions covered under this contract, including customer service, claims processing, clinical reviews and overall data integrity. Quality controls shall also meet the requirements established in TOM, Chapter 1, Section 4 and Chapter 23, Section 4 and include the submission of any deliverables specified therein (CDRL M050 and CDRL Q180).

C.11.2. Problem Resolution and Escalation

C.11.2.1. The Contractor shall research any claim at the request of the Government. This includes but is not limited to research:

- To facilitate the Government's response to issues by and on behalf of beneficiaries
- To resolve manufacturer disputes in support of the TRICARE Retail Refunds Program
- To provide additional information on potential issues in the claims adjudication process

C.11.2.2. The Contractor shall provide an initial response to requests to research specific beneficiary issues within four (4) hours or no later than four (4) hours into the next business day. If this initial answer does not contain a complete response, the Contractor shall offer an estimated timeframe for how long it will take to fully research the issue. If further action is required to resolve the issue, the Contractor shall provide an estimated timeframe for resolution. The Contractor shall track research requests and beneficiary issues.

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C.11.3. MTF Data Integrity Reviews

C.11.3.1. The Contractor shall conduct reviews of MTF pharmacy claims data, excluding claims received from the DHMSM EHR, and perform the following processes to identify and resolve issues specific to MTF claims. Prior to the start of pharmacy services, the TMA POC will provide training to assist the Contractor in implementing these processes. MTF EHR claims are subject to the reviews under C.11.5.1.

C.11.3.2. The Government will provide an initial list of MTF pharmacy contacts. The Contractor shall update as needed and send updates to the TMA POC.

C.11.3.3. The Contractor shall provide a daily report of MTF validity rejects (CDRL D010). Claims submitted using the DHMSM EHR shall not be included in this report. The reports shall be broken out by MTF and sent to the pharmacy contact at each submitting MTF. A copy of the daily report shall also be provided to the TMA POC. The MTF pharmacy will have three (3) business days to correct these claims. The MTF may reverse the claim entirely or reverse and resubmit the corrected claim. After allowing three (3) business days for the MTF to correct any errors, the Contractor shall undertake retroactive claims correction in their system to correct the remaining errors and ensure that the claims reflect a paid status. This shall be completed within two (2) business days. The Contractor shall continue to work the claim until it is posts to the profile, is reversed by the MTF, or the MTF notifies the Contractor to take no further action.

C.11.3.3.1. In the event that the Contractor's resubmission of a previously rejected MTF claim results in a DUR Interaction Severity Level 1, the Contractor shall contact the clinical staff at the submitting MTF by phone within one (1) hour. For all such situations, the Contractor shall keep a log that will be made available for the Government's review upon request. At minimum, the log shall document the identifying information of the pharmacy, prescription and beneficiary and the dates and times of the original reject, the DUR and the call communicating the safety warning to the MTF.

C.11.3.4. The Contractor shall produce a weekly report of all paid MTF claims exceeding the \$2,000 pricing threshold (CDRL W020). Claims submitted using the DHMSM EHR shall not be included in this report. The report shall be provided to the submitting MTF, which has seven (7) business days to correct any of these claims. After seven (7) business days, the Contractor shall review all claims in this report that have not been reversed or resubmitted by the MTF. If the Contractor determines that the price is reasonable and consistent with the medical pricing catalog and standard dose for that medication, no further action is required. For the remaining claims, the Contractor shall contact the submitting MTF to troubleshoot the claim and determine the cause of the error. The Contractor shall then correct the error on the claim.

C.11.3.5. The Contractor shall provide a Data Integrity report to the MTFs on a weekly basis (CDRL W010). Claims submitted using the DHMSM EHR shall not be included in this report. This report shall include paid MTF claims which generated the following ProDUR warnings:

- High Dose Alerts- All prescriptions processed by MTF pharmacies where the prescription exceeds daily maximum allowable dosage for a medication, as determined by First Databank (FDB) The daily dosage is calculated by dividing the quantity dispensed by the days' supply. Incorrect Quantity: Example: Asmanex package size is one, site enters 30 in the quantity field, the adjudication system will calculate 30 inhalers due to the unit of measure being ea, the price will also be calculated incorrectly based on the incorrect quantity dispensed 30x \$28.84= \$865.20.
- Incorrect Days Supply: Example: Site enters one day supply for Doxycycline 100mg qty 180.
- Invalid Provider

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C.11.3.6. The Contractor shall also provide monthly summary reports to the Government on MTF rejections (CDRL M180), high cost claims (CDRL M220) and data integrity edits (CDRL M170), to allow the Government to monitor the reported claims and their resolution rates. Claims submitted using the DHMSM EHR shall not be included in this report.

C.11.4. Audits

C.11.4.1. Any discrepancies identified by the Government in the monitoring of this contract shall be subject to Contractor desktop audits and, if necessary, on-site audits at the direction of the Government. The Contractor will perform all necessary research and will resolve all discrepancies for each claim identified within 60 days from the date of identification. The Contractor shall perform offsets or recoupments of any identified discrepancies in accordance with TOM, Chapter 10.

C.11.4.2. The Government reserves the right to direct audits of retail or mail pharmacies. In addition to any Contractor initiated on-site audits for which TRICARE is the primary focus of the audit, the Government may direct up to 50 on-site audits per option year.

C.11.4.3. The Contractor must be able to generate corrected retail transactions when the pharmacy is unable to reverse and/or edit the claims themselves. These claims must be distinguishable from pharmacy self-corrections and are not billable for additional administrative fees. These claims cannot be submitted as paper claims.

C.11.5. Program Integrity

C.11.5.1. Daily Claims Review

C.11.5.1.1. The Contractor shall perform an automated review of 100% of all new claims daily. Data analysis shall include:

- Establish baseline data to enable TRICARE to recognize unusual trends, changes in drug utilization over time, physician referral or prescription patterns, and plan formulary composition over time;
- Analyze claims data to identify potential errors, inaccurate TROOP accounting, and pharmacy billing practices and services that pose the greatest risk for potential fraud, waste and abuse to the TRICARE program;
- Identify items or services that are being over utilized;
- Identify problem areas within the plan such as enrollment, finance, or data submission;
- Identify problem areas at the pharmacy and prescriber level;
- Compare claims information against other data (e.g., prescriber, drug provided, diagnoses, or beneficiaries) to identify potential errors and/or potential fraud and abuse; and
- Use findings to determine where there is a need for a change in policy.
- Monitor EHR claims for possible pricing errors, indicated by a submitted cost that is abnormally high or low for that particular medication and quantity dispensed with particular attention to items that bypassed the high cost edit; immediately refer issues to DHA for investigation.

C.11.5.1.2. The Contractor will submit a monthly report showing audit findings, status of all claims in research, outcomes of completed research, and status of offsets or recoupments (CDRL M120). This report shall include all retail and TMOP claims.

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C.11.5.2. Fraud and Abuse Monitoring

C.11.5.2.1. The Contractor shall develop a Monitoring and Auditing Work plan that meets the requirements established in TOM, Chapter 13. The plan will also include the audits described below.

- Desktop Audits
- Inappropriate billing practices. Inappropriate billing practices at the pharmacy level occur when pharmacies engage in the following:
 - Incorrectly billing for secondary payers to receive increased reimbursement.
 - Billing for NDCs that were not dispensed.
 - Billing for incorrect quantity or days supply.
 - Billing for non-existent prescriptions.
 - Billing multiple payers for the same prescriptions, except as required for coordination of benefit transactions.
 - Billing for brand when generics are dispensed.
 - Billing for prescriptions that are never picked up (i.e., not reversing claims that are processed when prescriptions are filled but never picked up).
 - Inappropriate use of DAW codes.
 - Prescription splitting to receive additional dispensing fees.
 - Drug diversion.

C.11.5.2.2. Notwithstanding TOM, Chapter 13, Section 1, Paragraph 1.4.1, as a result of its fraud and monitoring efforts, the Contractor shall refer to TMA Program Integrity a minimum of six (6) cases, Each case will involve a loss of \$75,000 or greater per case to the Government without patient harm, or any case involving patient harm. The Contractor shall provide a Fraud and Abuse Summary Report on the activities outlined in this Section and TOM, Chapter 13 (CDRL Q210).

C.12. Information Technology

The Contractor shall maintain an interface control document (ICD) for all system interfaces (CDRL A090). The document shall be provided to the Government prior to the start of benchmark testing during implementation and updated as necessary to reflect any changes, including to the design of the benefit. The Contractor shall provide the Government with a current version of this document upon request.

C.12.1. Continuity of Operations Plan

The Contractor shall develop a Continuity of Operations Plan (COOP) in accordance with the TSM, Chapter 1, Section 1.1 (CDRL A050). The plan shall be written to meet all performance standards established in this contract. The COOP shall be delivered to the Government prior to the start of option period one. The plan shall be reviewed annually and an updated version provided to the Government at the start of each subsequent option period. The disaster recovery plan established in the COOP shall also be tested and results provided to the Government in accordance with the requirements established in the TSM (CDRL A060).

C.12.2. Contractor Claims Data

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The Contractor shall provide the (b) (4) to the Contractor's system that stores TRICARE claims system data to facilitate government beneficiary service support, MTF pharmacies and audits. Access will be provided for up to (b) (4) government personnel in multiple locations, as specified by the Contracting Officer, through a web-based tool beginning not later than the start of Pharmacy Services and continuing throughout contract closeout. This database is to include all claim information and clearly differentiate between different claims types: Retail, TMOP, CHCS MTF, EHR MTF, CHDR and Theater. The data shall include, at a minimum, PA and MN authorizations, OHI status and records, benefit restriction authorizations, documentation of beneficiary support and services, and claim details regarding prescription information, cost data, beneficiary demographics, prescriber, and dispensing pharmacy data. All data must be current, accurate, complete and accessible immediately. The Contractor shall provide training and ongoing customer support for this access. Training shall be provided as necessary to new users and when there are significant changes to the Contractor's system.

C.12.3. Military Treatment Facilities (MTF) Interfaces

C.12.3.1. The Contractor shall develop and maintain an interface to all MTFs using CHCS/AHLTA. Termination of CHCS/AHLTA connections will occur separately for each site no less than one year after the implementation of the EHR at that site.

C.12.3.1.1. The Contractor shall connect to the DoD MHS electronic medical record, currently CHCS pharmacy/AHLTA. CHCS/AHLTA and the EPIC system that supports the US Coast Guard are medical/pharmacy information systems that automate and integrate clinical and demographic data and facilitate access to, and delivery of, health care services from an MTF. Through the Defense Health Agency (DHA) Infrastructure and Operations Division (I&O) Business-to-Business Gateway (B2B), the Contractor shall connect to the MTFs using a CHCS host. Each CHCS host is the computer installation running an instance of the CHCS software and may support multiple MTF pharmacies, which are generally in geographic proximity to one another. There are 107 CHCS hosts and each CHCS host aggregates transactions from its pharmacies. There are 534 MTF active dispensing locations and the Contractor shall accommodate ongoing changes to the MTF pharmacy list.

C.12.3.1.2. The Contractor shall complete all tasks related to the documentation and implementation of B2B telecommunications links. Tasks include:

- Coordination among the Pharmaceutical Operations Directorate (POD), DHA Solutions Delivery Division (DHA SDD), MTFs, and other contractors as required.
- Completion of all B2B required documentation.
- VPN or related equipment procurement and configuration.
- Initiation and completion of all testing and implementation activities.

C.12.3.1.3. Support shall include all follow-on activities including updating documentation, performing IP address changes, and executing related configuration changes. These connections shall be in place 30 days before the start of pharmacy services. These connections and any testing shall be in accordance with requirements established by DHA I&O. The Contractor shall provide ongoing monitoring of MTF connections to verify connectivity.

C.12.3.1.4. The Contractor shall receive dispensing transactions and profile inquiry transactions from all MTF pharmacies using CHCS. The Contractor shall receive these transactions using a custom format. The Contractor shall perform ProDUR on the inbound dispensing transactions, as described in Section C.6.7. All traffic is logged and dispensing transactions are forwarded to the data warehouse. The

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Contractor shall also accept profile inquiries from TRICARE medical contractors through this B2B connection, in the same format as MTF inquiries.

C.12.3.2. The Contractor shall connect to the DoD Electronic Health Record (EHR), implemented under Defense Healthcare Management Systems Modernization (DHMSM), through use of a commercial switch.

C.12.3.3. The Contractor shall accept EHR claims from MTF sites as they are implemented. The EHR system will begin transmitting claims when it is stood up at Initial Operating Capability (IOC), which reflects the baseline functionality at the initial testing sites.

- Sites to which EHR will be deployed will be identified in a schedule defined by the Government.
- This deployment schedule is subject to change. The Government will provide the Contractor with confirmation, identifying the sites to which EHR will be deployed, no less than 90 days in advance of their scheduled go-live date.

C.12.3.3.1. The Contractor shall support concurrent submissions of claims from both the CHCS and EHR systems from individual sites, processing each claim type in accordance with the appropriate business rules. Business rules for MTF EHR claims include P&T guidance, reject code list, and other benefit set-up parameters applied by ESI with government concurrence.

C.12.3.3.2. The Contractor shall identify EHR claims separately from CHCS claims in all relevant contractor systems, reporting and data files.

C.12.3.3.3. The Contractor shall support testing of the EHR in the environments described in C.12.10. Testing shall include Continuous Integrated Testing (CIT), Developmental Testing and Evaluation (DT&E) and Operational Testing and Evaluation (OT&E), led by the DHMSM Program Office and their contractor(s).

C.12.3.3.4. In coordination with the DHMSM contractor, the pharmacy contractor shall submit an ICD for the DHMSM EHR interface, in accordance with C.12.

C.12.3.3.5. The Contractor shall provide training and supporting materials to each MTF pharmacy sites in advance of the deployment of EHR at that site; and on an ongoing basis thereafter.

- Training and support shall be conducted using a combination of remote, virtual, and in-person methods. In person (on-site) training should be reversed for larger sites, or those sites identifying special needs. Virtual training sessions shall be provided using a Government accessible web-based platform.
- The Contractor shall maintain such training materials and provide any updates necessary to reflect changes to claims adjudication, reject correction and overrides, and MHS policy.
- The Government has unlimited rights to data, to include training materials for processes developed or furnished for use under this contract. As such:
 - These materials shall be made available to the MTF pharmacy staff primarily in electronic form, with paper or electronic copies of relevant materials provided on request.
 - In addition to materials distributed directly to the MTF staff, all materials and subsequent updates shall be provided to the Government for distribution via a designated Government website. MTF staffs may to share or duplicate training materials as necessary.

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- Upon request these documents shall be provided to the Government in an editable format.

C.12.3.3.6. The Contractor shall support the Government in providing training and assistance to the MTF prescriber community, to aid in their understanding of the benefit design and formulary rules applied in the claims adjudication process. Training to prescribers shall include both clinical review submission and the review processes.

C.12.4. Pharmacy Data Transaction Service (PDTS) – Data Warehouse Interface

C.12.4.1. The Contractor shall develop and maintain an interface to the PDTS Data Warehouse. PDTS is the comprehensive system of record for the DoD Prescription Drug Program. It contains detailed data for every transaction from all points of service, as well as extensive reference data to assist in the categorization and aggregation of drugs, beneficiaries, prescribers, pharmacies, and associated prescription costs. PDTS supports all aspects of DoD reporting requirements, data mining, ad hoc queries and research.

C.12.4.2. The Contractor shall provide a data exchange consistent with the PDTS Data Dictionary and Data Schema, to be provided to the Contractor after award. The PDTS data feed shall be capable of transmitting new and updated data. Data feeds to PDTS shall be provided on a daily basis in a format mutually agreed upon by the PDTS contractor and the TPharm contractor. The TPharm contractor shall ensure that all paid, rejected, and reversed transactions from all points of service, including direct member reimbursement claims, and their required data elements are transferred to PDTS. The content of PDTS evolves with significant changes including the implementation of new NCPDP standards and DoD Benefit Design changes. The Contractor shall coordinate such changes with the Government and the PDTS contractor and support changes in the file feed and format to support the changes.

C.12.4.3. In the event that a daily file cannot be transmitted due to system outage or other system issue, the Contractor shall work with the PDTS Contractor to ensure that the data warehouse is brought up to date as soon as possible.

C.12.4.4. In instances when the Government identifies inconsistent or missing information between the Contractor's system and PDTS, the Contractor shall correct the inconsistency, such as adding the data element to the PDTS Warehouse. The Contractor will provide a plan with a timeline in collaboration with the PDTS Contractor and provide updates until resolved.

C.12.4.5. The Contractor shall develop a Secure File Transfer Protocol (SFTP) server (interface) for exchanging files between PDTS and Forensic Toxicology Drug Testing Laboratory Information Management System (FTDTL IMS).

C.12.4.6. The Contractor shall develop a new interface between PDTS and the Immunization Tracking System (HL7IMM). The interface will conform to the existing Interface Control Document (ICD); Version 3.00, date July 15, 2019.

C.12.5. Clinical Data Repository/Health Data Repository (CHDR) Interface

C.12.5.1. Background. The Clinical Data Repository/Health Data Repository (CHDR) application is a joint effort between the DVA and DoD, enabling the DVA's Health Data Repository (HDR) and the DoD's Clinical Data Repository (CDR) to exchange outpatient pharmacy and drug allergy information for shared patients.

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C.12.5.2. The Contractor shall send all Retail and MOP claims adjudicated under the TRICARE Pharmacy Benefit to the CHDR. CHDR will submit transactions to the Contractor for prescriptions dispensed to dual-eligible beneficiaries at VA pharmacies.

C.12.5.3. The Contractor shall develop and maintain a real-time bidirectional interface to the CHDR via the B2B gateway. The CHDR interface uses the NCPDP 5.1 standard. The Contractor shall not generate TEDs for CHDR claims.

C.12.5.4. The Contractor shall support specific adjudication rules for incoming CHDR transactions, including the following:

- The Contractor shall not check eligibility.
- No formulary edits or PA/MN rules will be applied.
- ProDUR will utilize VA-specific definitions and messaging the advisory information will be returned to the CHDR.
- There are no data integrity edits but claims that do not satisfy data requirements (missing or invalid data) can result in a rejected claims response with corresponding NCPDP reject
- There is no coordination of benefits for these claims.

C.12.6. Theater Medical Data Store (TMDS) Interface

C.12.6.1. Background. The Theater Medical Data Store (TMDS) Automated Information System (AIS) is a services-oriented aggregation and distribution point for Theater Medical Data for Theater Medical Information Program (TMIP) family of systems. The purpose of the TMDS interface is to share outpatient prescription and pharmacy medical data stored in TMDS database with the Contractor's system on a weekly basis. The TMDS Prescription and Pharmacy data is extracted from TMDS as XML files, which are provided via secure file transfer protocol (SFTP). The TMDS SFTP server is hosted at DoD Force Health Protection & Readiness (FHP&R). The TPharm system will be provided with a SFTP username/password.

C.12.6.2. The files will contain data from two classes of source system: AHLTA-T and TC2. More information on these systems is available at <http://dhims.health.mil/products/theater/ahlta-theater.aspx> and <http://dhims.health.mil/products/theater/tc2.aspx>.

C.12.6.3. The Contractor shall develop and maintain an interface to TMDS. The Contractor shall retrieve XML data files representing TMDS claims on a weekly basis, apply business rules provided by the Government after award, and post those claims to the patient profile on the contractor's system and to PDTS.

C.12.6.3.1. The Contractor shall pre-edit the inbound data to remove duplicate claims, those already posted to the profile, and aged claims, using a parameter defined by the government based on the date dispensed, currently claims over 365 days old. The Contractor shall also generate values for fields not included in the file and modify values of existing fields to make them suitable for adjudication using the NCPDP D.0 standard. Errors that must be corrected by the Contractor prior to adjudication include:

- Missing or Invalid NDC - TMDS claims contain a free text drug name but the NDC may be missing. At the Contractor's request after award, the Government will provide a reference table to facilitate matching the drug name to the NDC, with ongoing maintenance of the table performed by the Contractor.
- Missing or Invalid DOB - Verify information using DMDC's GIQD application and correct the claim.

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- Missing or Invalid Gender - Verify information using DMDC's GIQD application and correct the claim.

The Contractor shall apply their own methodology to reconcile any missing or invalid fields to allow the claim to post to the patient's profile. Upon request, the TMA POC will answer questions and provide feedback during the transition period to assist the Contractor in refining their methodology.

TMDS claims are not received in real time and have already been dispensed. Therefore, all claims that include minimum essential data must be posted to the profile, excluding duplicates and aged claims. Minimum essential data is considered to be a drug name or NDC, drug strength (where applicable), quantity dispensed and sufficient information to identify a beneficiary profile on which to post it. Default values may be used to populate other fields required to store the claim. The Contractor shall not verify eligibility. Standard edits performed as part of the adjudication process are not required and any edits the Contractor chooses to perform shall not impact the posting of the claim to the profile. The Contractor shall not reject TMDS claims. TMDS claims will also be transmitted to PDTS.

C.12.6.3.2. The Contractor shall log values that are mapped, inserted or calculated; including the original value received on the file, and make such logs available for review by the Government. The Contractor will also document any claims that cannot be posted to the patient profile with an explanation of the missing data. The Contractor will track volumes for claims received and posted; as well as those that cannot be (i.e. those excluded as aged, duplicate or error) and provide reporting to the Government (CDRL M240).

C.12.7. E-Prescribing

C.12.7.1. The Contractor shall support e-prescribing for retail network and TMOP prescriptions, in accordance with commercial standards. The Contractor shall manage and publish all data files required to support commercial e-prescribing practices. At minimum, this includes updating and publishing all formularies, transmitting beneficiary plan participation and medication history (including retail, TMOP, MTF CHCS, and MTF EHR claims) and accepting electronic prescriptions at TMOP. The Contractor shall maintain all electronic formularies administered under this contract and publish updates to the commercial e-prescribing hub as required. At minimum, formularies shall be updated on a quarterly basis.

C.12.7.2. The Contractor shall maintain and update plan participation status files with the commercial e-prescribing hub. The plan participation file shall be provided for all beneficiaries covered under this contract but will be limited to the minimum data fields required by the commercial e-prescribing hub to determine the appropriate formulary. The data fields submitted to identify for TRICARE beneficiaries will be mutually determined between the Government, the Contractor and e-prescribing hub and may vary from those used by most commercial plans.

C.12.8. Website

C.12.8.1. The Contractor shall provide a Health Insurance Portability and Accountability Act (HIPAA) compliant website in support of the services provided under this contract. The website shall meet the applicable accessibility standards at 36 C.F.R. Part 1194 and shall make DS Logon available, as described in TSM, Chapter 1, Section 1.2. In addition to meeting the minimum requirements established within this contract, the Contractor shall ensure that its website and any mobile tools are consistent with commercial best practices and offer features, information, and functionality no less than those available to the Contractor's commercial clients.

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C.12.8.2. At minimum, the website shall offer the following information and functions:

- Provide a description of the TRICARE Pharmacy benefit;
- Provide Contractor contact information, including phone and fax numbers, mailing, and email address(es);
- Provide an email link to allow beneficiaries or other interested parties to contact Contractor by email with inquiries or comments;
- Allow beneficiaries to register online to use TMOP and shall provide downloadable forms for TMOP registration and prescription ordering;
- Allow TRICARE beneficiaries to manage their TMOP account(s) to include order refills, track their prescription status, pend prescriptions, view, release for shipping or cancel existing pended prescriptions, and update shipping address;
- Show the current status of all prescriptions or claims submitted;
- Allow TRICARE beneficiaries to check the status of member submitted (DMR) claims filed for services provided through a retail pharmacy;
- Provide the ability to locate TRICARE retail network pharmacies by zip code;
- Provide the ability to view and download any prior authorization and medical necessity forms and criteria;
- Allow TRICARE beneficiaries to download and print an EOB detailing the beneficiary's retail, mail order, specialty and MTF prescription activity in accordance with the TOM, Chapters 8 and 23, providing prescription activity for the preceding 18 months at a minimum;
- Provide a link to the TMA website to allow beneficiaries to download and print the DD2642 claim form.
- Provide links to online drug and health information;
- Provide links to the TMA pharmacy website and Regional MCSCs' websites; and
- Provide a real-time web-based formulary search tool as described in C.12.8.5.

C.12.8.3. The Contractor shall not duplicate benefit information on the Contractor's website that already exists on TRICARE.mil and will embed links throughout their site to take beneficiaries back to the TRICARE.mil website for this content. The Contractor shall work closely with BE&S to identify appropriate linkages and content for use on their site.

C.12.8.4. Any information or resources not containing any information covered by Privacy or HIPAA regulations shall be accessible without requiring an account registration or login.

C.12.8.5. Formulary Search Tool

C.12.8.6. The Contractor shall provide a real-time web based formulary search tool available for public access to formulary information. This tool shall:

- Identify drug (generic or brand) name, strength and formulation;
- Allow searches by generic and brand name;
- Show status based on Uniform Formulary or non-covered, MTF Basic Core Formulary (BCF), availability, and copayment;
- Show any restrictions, including but not limited to generic required, gender, age and quantity limits, prior authorization, medical necessity or step therapy. ;
- Provide links to any forms associated with the above restrictions;
- Have the ability to show special messaging as provided by the Government, at least 300 characters in length;

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- List formulary alternatives based on PEC Classes/subclasses;
- Provide all information listed here based on point of service (MTF, Mail or Retail) and beneficiary category; and
- Be accessible to the public without requiring registration or login.

C.12.8.7. The formulary search tool shall be designed to be easily used and understood by the beneficiary. The Contractor shall update the tool to reflect benefit design changes immediately on their effective date.

C.12.9. Data Sharing

C.12.9.1. At the Government's direction, the Contractor shall provide data to and accept data from the MCSC and the Government. The Contractor shall also collaborate with the MCSCs and the Government in evaluating cost and clinical effectiveness of specific aspects of the pharmacy benefit, including but not limited to the specialty drug and home infusion therapy programs. The Contractor shall also support profile inquiries from the MCSCs. The profile inquiry will be in the same format as those used by the MTFs (See C.6.7).

C.12.9.2. The Contractor shall provide a data file of beneficiary names, addresses, and phone numbers to the Patient Navigator Program as requested.

C.12.10. Test Environments

C.12.10.1. The Contractor shall develop a support test environments. At minimum, the Contractor shall provide two test environments:

- A production equivalent test environment. This environment shall reflect the current production capabilities; or, for new interfaces, the most developed version of those capabilities.
- A development test environment. This environment shall include capabilities undergoing active quality assurance testing with external interfaces.

C.12.10.2. The test environments shall support and be used for sustainment testing of current systems. The test environments shall be able to support development of an interface for sustainment and testing of the Defense Healthcare Management Systems Modernization (DHMSM) Electronic Health Record (EHR) system.

C.12.10.3. Test environments shall be made available for use by the government interface testing partners responsible for transition and sustainment of systems that support this contract.

C.12.10.4. At a minimum, environments shall be available during standard business hours in all CONUS time zones. Extended hours will be honored on a mutually agreed-upon schedule.

C.12.10.5. The test environments shall support connections by commercial entities and via the B2B Gateway.

C.12.10.6. The Contractor shall support concurrent connections from multiple testing partners.

C.12.10.7. The contractor will not exchange PHI/PII with external partners as test data. Prescriber name and ID shall be masked on all outgoing transactions to testing partners. Test data files may be excluded

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from this masking if the Government, contractor and external partners agree that to do so would compromise testing outcomes. All beneficiary profiles will be test beneficiaries in the current DMDC contractor test environment. The Contractor shall make available a subset of test patients to each testing partner to use within the environment and those patients will not be used by the contractor or any other interface partners unless mutually agreed for joint testing.

C.12.10.8. During the building of the test environment, the contract shall support setup and testing with external contractors on a mutually agreed upon schedule.

C.12.10.9. The Contractor shall support test set-up, execution, and troubleshooting activities for sustainment of interfaces on a mutually agreed upon schedule.

C.13. Reserved

C.14. Privacy & HIPAA

C.14.1. The Contractor shall ensure that it does not use or disclose PHI or PII received for DVA or DoD beneficiaries in any way that will remove or transfer the PHI/PII from a jurisdiction subject to the laws of the United States. The Contractor shall not release Government data without approval by the CO or COR.

C.14.2. The Contractor shall ensure that all electronic transactions comply with HIPAA rules and regulations and TMA requirements in the TSM, Chapter 1, Section 1.1, and TOM, Chapter 19.

C.14.3. Pursuant to FAR Part 24, the requirements of the Privacy Act (5 U.S.C. 552a) and the Department of Defense Privacy Program (DoD 5400.11-R) are applicable to this contract and the systems of records operated and maintained by the Contractor on behalf of TMA. These systems of records are found at 65 Federal Register 30966 (Health Benefits Authorization Files, Medical/Dental Care and Claims Inquiry Files, Medical/Dental Claim History Files), 60 Federal Register 43775 (USTF Managed Care System), 69 Federal Register 50171 and 71 Federal Register 16127 (Military Health Information System), and 64 FR 22837 (Health Affairs Survey Data Base). The records systems operated and maintained by TMA contractors are records systems operated and maintained by a DoD Component TMA). (See TOM 6010.56-M, Chapter 1, Section 5, Chapter 2, Section 1, and Chapter 2, Section 2).

C.14.4. The Contractor shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, specifically the administrative simplification provisions of the law and the associated rules and regulations published by the Secretary, Health and Human Services (HHS), the DoD Health Information Privacy Regulation (DoD 6025.18-R) the Health Insurance Portability and Accountability Act Security Compliance Memorandum (HA Policy 06-010), the Security Standards for the Protection of Electronic Protected Health Information and the requirements in TOM, Chapter 19, and TSM, Chapter 1, Section 1.1.

C.14.5. Health Insurance Portability and Accountability Act (HIPAA)

C.14.5.1. The Contractor shall comply with all requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191), as implemented by the HIPAA Privacy and Security Rules codified at 45 C.F.R. 160 and 164, and as further implemented within the Military Health System (MHS) by DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003, and DoD 8580.02-R, "DoD Health Information Security Regulation, July 12, 2007.

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C.14.6. Breach Response

C.14.6.1. The Contractor shall adhere to the reporting and response requirements set forth in the Office of the Secretary of Defense (OSD) Memorandum 1504-07, "Safeguarding Against and Responding to the Breach of Personally Identifiable Information," June 5, 2009 and DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007. Within one (1) hour of discovery of a confirmed breach, the breach must be reported to the US Computer Emergency Readiness Team (US CERT) at <https://forms.us-cert.gov/report/> and to the TMA Privacy Office at PrivacyOfficerMail@tma.osd.mil. A confirmed breach exists after sufficient facts are present to prompt a prudent person to conclude that a breach has occurred. The Contractor shall provide a summary report detailing confirmed breaches to the Government (CDRL M040).

C.14.7. Systems of Records

C.14.7.1. In order to meet the requirements of 5 U.S.C. 552a, the Privacy Act of 1974, and its implementation within the MHS under DoD 5400.11-R, "DoD Privacy Program," May 14, 2007, contractors must identify to the COR systems of records that are maintained or operated for TMA where records of PII collected from individuals are maintained and specifically retrieved using a personal identifier. Upon identification of such systems to the COR, and prior to the lawful operation of such systems, contractors must coordinate with the TMA Privacy Office at SORmail@tma.osd.mil to complete systems of records notices (SORNs) for submission and publication in the Federal Register as coordinated by the Defense Privacy Office, and as required by DoD 5400.11-R.

C.14.7.2. Following proper SORN publication and the Government's confirmation of contractor authority to operate the applicable system(s), contractors must also comply with the additional systems of records and SORN guidance, in coordination with the TMA Privacy Office, regarding periodic system review, amendments, alterations, or deletions set forth by DoD 5400.11-R, Office of Management and Budget (OMB) Memorandum 99-05, Attachment B, and OMB Circular A-130.

C.14.8. Reserved

C.14.9. Data Use Agreement (DUA)

C.14.9.1. A Data Use Agreement (DUA) is currently used to request and control the disclosure, use, storage and/or destruction of MHS data that is owned and/or managed by TMA to ensure that applicable privacy and security requirements are followed. In addition, research requests for MHS data that include PHI must be reviewed for HIPAA compliance by the TMA Privacy Board.

C.14.9.2. Under DoD 6025.18-R, "DoD Health Information Privacy Program," January 24, 2003, reasonable steps must be taken to implement appropriate procedural, administrative, technical and physical safeguards to prevent the unauthorized use and/or disclosure of any PII or PHI. Likewise, all uses, disclosures, and destruction of PII and PHI data are generally subject to DoD 5400.11-R, "DoD Privacy Program," May 14, 2007, as well as DoDI 8500.2, "Information Assurance (IA) Implementation," Feb. 6, 2003, and DoD 8580.02-R, "DoD Health Information Security Regulation," July 12, 2007.

C.14.9.3. To begin the DUA request process, the Contractor should choose the applicable request template at <http://www.tricare.mil/tma/privacy/Templates.aspx>, or should contact DUAMail@tma.osd.mil. After receiving DUA approval, anyone needing access to information system

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applications or data sources must contact the responsible system program office. DUAs are active for one (1) year, or until the end of the current option year, whichever comes first. If the DUA will not be renewed, the TMA Contractor must provide a Certificate of Data Destruction (CDD) to the TMA Privacy Office.

C.14.10. Privacy Act and HIPAA Training

C.14.10.1. The Contractor shall ensure that all staff including subcontractors and consultants that have access to PII or PHI under this contract comply with the training requirements of the Privacy Act of 1974 (5 U.S.C. 552a) and Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191). The training requirements are mandated by OSD Memorandum 15041-07, “Safeguarding Against and Responding to the Breach of Personally Identifiable Information”: DoD 6025.18-R, “DoD Health Information Privacy Regulation”, January 24, 2003; and the TMA Workforce Training Policy Memorandum, dated May 28, 2008, on the subject, “Workforce Training Policy Pursuant to the Department of Defense Privacy Act Regulations and the Department of Defense Health Insurance Portability and Accountability Act Privacy and Security Regulations”.

C.14.10.2. The Contractor shall ensure that all staff including subcontractors and consultants that have access to PII or PHI under this contract shall complete Privacy Act and HIPAA training within 30 days of hire and annually thereafter per the requirements in TOM Chapter 1, Section 5 and Chapter 19, Section 3.

C.14.11. Records Management

C.14.11.1. When creating and maintaining official government records, the Contractor shall comply with TOM, Chapter 2.

C.14.12. Freedom of Information Act (FOIA) Requests

C.14.12.1. In the event the Contractor receives a FOIA request, the Contractor shall return it to the requestor for submission to the TMA FOIA officer at the following address: TMA, Attention: FOIA Officer, 16401 East Centrectech Parkway, Aurora, CO 80011-9066.

C.15. Financial

C.15.1. Recoupments

C.15.1.1. The Contractor shall recoup Government funds and funds not properly collected at the time the prescription was dispensed in accordance with TOM, Chapter 10. Prescriptions subject to recoupment may be identified by the Government, or by the Contractor through its audit procedures. This does not apply to the collection of debts resulting from the Contractor granting credit to beneficiaries under Section C.7.2.3. Such debts are not owed to the Government. Therefore, the Contractor’s collection of unpaid copayments is at the Contractor’s own risk utilizing practices separate and apart from any recoupment procedures under this contract.

C.15.2. TED Submittal and Requirements

C.15.2.1. The Contractor shall submit a TED record for each prescription processed to completion and each completed Clinical Review, in accordance with TSM, Chapter 2, and the TOM, Chapter 1. MTF claims (See C.6.7) and rejected electronic claims are excluded. Adjustments, cancellations, or corrections to TED records shall be made as required to ensure financial transactions are complete and correctly

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recorded in TED records by fiscal year and by bank account (i.e., Medicare Dual eligible or TRICARE only). The Contractor must be able to adjust prior Contractors' TEDs as necessary. Adjustments made to TED records must not create any inaccuracies in the clinical record.

C.15.2.2. For electronic retail claims, the Contractor may hold the TED for 10 days to allow for reversals of non-complaint prescriptions (C.6.3.6). Claims reversed or cancelled within the 10 day hold period do not require a TED. Reversals processed after the date the TED was submitted will require an adjusted or cancelled TED record. All other claims must submit TEDs in accordance the TOM, Chapter 1.

C.15.2.3. The accuracy rate for TED edits shall not be less than:

- 95% after six (6) months of performance during the first option period; and
- 99% after nine (9) months and thereafter during the entire term of the contract.

The Contractor shall provide reporting to the Government on TEDs processed for all relevant CLINs (CDRL Q160).

C.16. Management

C.16.1.1. The Contractor shall ensure that its staff and subcontractors (if any) are thoroughly trained and knowledgeable regarding the requirements of this contract.

C.16.1.2. The Contractor shall provide to the CO an updated management organization chart identifying key personnel at the post-award conference and at the time of any change of key personnel or management structure.

C.16.1.3. The Contractor shall monitor and log operational issues and provide updates of this log for recurring meetings with the Government (CDRL R020).

C.16.1.4. Contractor Manpower Reporting.

The Contractor shall report all Contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract via a secure data collection site. The Contractor is required to completely fill in all required data fields using the following web address:
<http://www.ecmra.mil/>.

Reporting inputs will be for the labor executed during the period of performance during each government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year, beginning with 2014. Contractors may direct questions to the help desk at: <http://www.ecmra.mil/>.

C.16.1.5. The Contractor will coordinate with the COR prior to visiting a host site, MTF Pharmacy or other Government facility. Such coordination will include a tentative agenda of the topics to be discussed. The Contractor will ensure its personnel identify themselves as contractors and will safeguard against any action or commitment that is inconsistent with the requirements of this contract.

C.17. Clinical Support

C.17.1. Clinical Support Agreements (CSAs) may be used to optimize MTF pharmacies, as described in TOM, Chapter 15, Section 3. The Contracting Officer will incorporate CSAs via bilateral task order.

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C.18. Ad Hoc Reporting

C.18.1. At the request of the Government, the Contractor shall provide additional reports to support benefit design review and evaluation. The Contractor shall deliver these results in the format and method specified by the Government (CDRL R030).

C.19. Contract Transition

C.19.1. Phase-In

C.19.1.1. Contract phase-in shall be conducted in accordance with the TOM, Chapter 23 and the following.

C.19.1.2. The Contractor shall complete all phase-in efforts in accordance with the phase-in Transition Plan (CDRL T010), and be prepared to begin delivery of services in accordance with Schedule B of this contract. Phase-in efforts shall be completed prior to the applicable start of pharmacy services under this contract and shall include:

- Connectivity to all required government systems.
- Complete testing and certification that development is complete and systems are functional for successful interaction with the all required government systems.
- Successful completion of integration, benchmark and stress testing for all systems. Initial testing shall include but is not limited to all required financial transactions such as tracking transactions by fiscal year, voided, stale-dated or reissued checks, adjustment and cancellation TEDs, and recording and reporting collections. Significant issues experienced in testing may require that the Contractor repeat the tests to confirm that the appropriate corrections are in place. Exit criteria will be determined by the Government. The COR or other designated authority will certify the successful completion of integration, stress, and benchmark testing.
- Benchmark TED submissions are due no later than seven (7) calendar days following the last day of benchmark testing.
- Provide a demonstration to the Government of web-based services and applications, no later than 15 days prior to the start of pharmacy services.
- Submit proposed Public Notification/Congressional Mailing to TMA for review no later than 90 days prior to the start of pharmacy services.
- Submit a Freedom of Information Act releasable contract (CDRL A100).
- Submit Phase-In Transition Status Reports (CDRL T020).
- Submit baseline listing of multi-source generic and branded products, as described in C.7.13.1.
- Present Contractor-developed criteria for Brand Over Generic overrides, as described in C.9.1.11.

C.19.1.3. The Contractor shall arrange/attend meetings with the Government and/or external agencies in support of all requirements under this contract, including the establishment of all systems interfaces necessary to meet the requirements of the contract including but not limited to PDTs, DEERS, TMA/TEDS, MTFs, TMDS and CHDR. This will include integration testing meetings on each business day during phase-in or as otherwise directed by the Government, beginning at a date determined by the Government.

C.19.1.4. Run-off for all processes not occurring in real-time, including but not limited to clinical reviews, paper claims, mail order prescription processing and beneficiary correspondence will occur on a date determined at the Transition meeting between the incoming and outgoing Contractors and the Government representatives.

SECTION C
DESCRIPTION / SPECIFICATION / STATEMENT OF WORK

C.19.1.5. The Contractor shall retain and use the TRICARE Encounter Provider record (TEPRV) provider numbers previously established by the outgoing Contractor for all TED submissions (TSM, Chapter 2, Section 1.2).

C.19.2. Phase-In Mailings

C.19.2.1. The Contractor shall, in coordination with the outgoing Contractor, identify beneficiaries who, during the six (6) months prior to the letter mailing date, used pharmacies that are not in the Contractor's pharmacy network. The incoming Contractor will inform these beneficiaries by letter that the pharmacy they previously used is no longer in the retail pharmacy network, and provide information that enables the beneficiary to identify network pharmacies. This letter will be mailed so that beneficiaries will receive it 30 to 40 days prior to the start of pharmacy services.

C.19.2.2. The Contractor shall mail notices to beneficiaries who have filled prescriptions at TMOP or a retail pharmacy, during the six (6) months prior to the mailing date. The letter shall include, at minimum, the items referenced in C.10.4.1.

C.19.2.3. At the direction of the Government, the incoming Contractor shall mail letters to beneficiaries identified by the Government to communicate changes to the benefit during contract phase-in.

C.19.3. MOUs

C.19.3.1. The incoming Contractor shall establish MOUs with TMA partners at the direction of the Government, or as the Contractor otherwise deems necessary in order to meet the requirements of the contract, including necessary cooperation, system interfaces, exchange of information, and points of contacts for such things as program integrity issues, case management (including coordination of care for patients who receive specialty pharmacy or home infusion services), third-party liability and claims jurisdiction issues. All MOUs are subject to annual review and update, as required, by the Contractor. At minimum, the Contractor shall establish MOU with the following:

- DHA (CDRL A030)
- DHA MCSCs (CDRLs A023 and A024)
- DHA Claims Review Contractor (CDRL A130)
- Outgoing Pharmacy Contractor (As needed)
- PDTs Contractor (CDRL A010)
- DHMSM Contractor (CDRL A011)
- TRICARE Select Navigator Contractor (CDRL A160)

C.19.4. Claims Data Files

C.19.4.1. The Contractor shall process transactions accurately and timely per contract standards at the start of pharmacy services, so the Contractor shall load all necessary information into its system before conclusion of the phase-in period.

C.19.4.2. The Contractor is responsible to receive the data files cited in C.4.10 in a manner that is mutually agreeable with the prior contractors. Once received, the Contractor shall maintain the OHI files at that point forward.

C.19.5. Contract Phase-Out

C.19.5.1. The Contractor shall complete contract phase-out in accordance with the TOM, Chapter 23, and the following.

SECTION C
DESCRIPTION / SPECIFICATION / STATEMENT OF WORK

C.19.5.2. Upon award of any subsequent contract, the Contractor shall support transition activities to the incoming Contractor with minimal disruption of services to the beneficiaries. The Contractor shall submit a Phase-Out Transition Plan (CDRL T030) and regular status reports (CDRL T040). The Contractor shall maintain sufficient qualified staff to meet all requirements of the contract, including beneficiary services and final processing of all pending claims including TED reporting requirements. Phase-out activities will be coordinated through the Contracting Officer. The outgoing incumbent Contractor shall send a notice to all eligible beneficiaries who have used pharmacy services in the previous 12 months. The notice will provide the new Contractor's information and points of contact (mailing addresses, email addresses, and phone numbers). The notice shall be sent not earlier than 95 days or later than 90 calendar days prior to the end of the last option period of this contract. The Contracting Officer shall provide the new Contractor's information and points of contact to the outgoing Contractor at least 120 calendar days prior to the end of the final option period of this contract.

(End of Section C)

SECTION D
PACKAGING AND MARKING

D.1 Packing and Marking

D.1.1. Preservation, packaging, and marking for all prescription pharmaceuticals delivered hereunder shall be in accordance with applicable Federal and State laws.

D.1.2. All prescription pharmaceuticals delivered by the Contractor's mail order pharmacy shall be adequately packaged and packed to ensure safe, undamaged delivery to the beneficiary. Packaging must minimize pill breakage and protect pharmaceuticals from damage from environmental and handling conditions (i.e. temperature, humidity, light, pressure, impact) which can be reasonably anticipated during postal or commercial shipping processes.

D.1.3. Any reports, electronic media, and other products furnished by the Contractor, that cannot be delivered by electronic means, shall be adequately packaged and packed to ensure safe delivery at destination. All products must be clearly marked to identify the contents, the sender, and the individual/office to which they are being sent. Extra care shall be taken in packaging electronic media to protect against damage, and to ensure that any electronic media will not become separated from the routing markings. Such reports and other products to be furnished are to be shipped via a method that provides for acknowledgment of receipt. The Contractor shall retain such receipts. Shipments containing electronic media shall be marked as such and shall include the statement "Do Not X-Ray." The Contractor shall include the contract number on all products to be furnished under the contract. The terms of this paragraph do not apply to Contractor shipments to beneficiaries.

D.2. Each package, report or other deliverable shall be accompanied by a letter or other document which:

D.2.1. Identifies the contract by number under which the item is being delivered.

D.2.2. Identifies the Contract Data Requirements Lists (CDRL) Item Number or report requirement which requires the delivered item(s).

D.2.3. Indicates whether the Contractor considers the delivered items represent partial or full satisfaction of the requirement.

(End of Section D)

SECTION E
INSPECTION AND ACCEPTANCE

52.246-4 Inspection of Services – Fixed Price. (AUG 1996)

E.1. Inspection Locations. Inspections may be conducted electronically or by physical inspection. Inspections will be performed at the TRICARE Management Activity (TMA), the Contractor's and/or subcontractor's facilities, or any other locations at which work is performed. Inspection of services provided hereunder will be accomplished by the Contracting Officer's Representative (COR) or his/her designee(s).

E.2. Acceptance

E.2.1. Retail Pharmacy & Other Pharmacy Transactions.

- Retail Network Claims, Electronic
- Retail Claims, Paper
- Mail Order Pharmacy, Prescription Fill
- Mail Order Pharmacy, Special Clinical Svcs
- Clinical Reviews, Prior Authorization & Medical Necessity

The inspection process for the above listed claims/pharmacy transactions are performed by the TED system at the batch header/individual TED record level. Acceptance will be accomplished by individual TED record.

E.2.2. Acceptance or rejection of services other than those submitted with a TEDS record, provided under the terms and conditions of this contract, will be accomplished by the Contracting Officer, or Contracting Officer's Representative using a DD250, Material Inspection and Receiving Report. The DD250s shall be submitted to the Contracting Officer's Representative, with a copy provided to the Contracting Officer only after the Contractor has accomplished the required services.

E.2.3. Contract Phase-In and Contract Phase-Out: The Contractor shall submit a DD250, Material Inspection and Receiving Report, after accomplishing the required contract phase-in and contract phase-out requirements, respectively. The DD250 shall be sent to the Contracting Officer's Representative, with a copy provided to the Contracting Officer.

E.3. Quality Assurance Surveillance Plan (QASP)

The Government will utilize a QASP to facilitate contract surveillance. Updates and revisions to the QASP will be provided to the Contractor if and when they occur.

(End of Section E)

SECTION F
DELIVERIES OR PERFORMANCE

F.1.Period of Performance

F.1.1. Base Period is one year and began May 1, 2014. The Contractor shall begin contract phase-in activities and complete specific activities by the timelines specified in the TRICARE Operations Manual (TOM) Chapter 23, Section 5. The Contractor shall also complete contract phase-in activities by the date specified in the Contractor's phase-in transition plan.

In the event there is a conflict or overlap of dates/timelines between this contract and the Contractor's phase-in transition plan, the dates/timelines specified in this contract take precedence. The Contractor shall make every effort to co-ordinate the dates accordingly and shall promptly notify the Contracting Officer and Contracting Officer's Representative if a conflict of dates arises between the contract Schedule, the TOM, or any CDRL requirements.

F.1.2. Option periods 1 through 7 will be 12 months each beginning on the next calendar day following the base period or completed option period, if exercised. The option periods identified herein are hereby defined as the period in which pharmacy services will be delivered to TRICARE beneficiaries. The start of pharmacy services delivery is the first day of option period 1. In order to meet the requirements of the contract for pharmacy services delivery for a given period, the Contractor will be performing incidental administrative tasks associated with the given pharmacy service delivery period beyond that period.

F.1.3. In the event that services under this contract are (or scheduled) to be discontinued, a contract phase-out period will be exercised during any of the pharmacy services delivery periods. The Contractor will begin contract phase-out activities upon exercise of the contract phase-out Contract Line Item Number (CLIN) and complete within the timelines as specified in TOM Chapter 1, Section 7. All contract phase-out activities shall be accomplished no later than 270 days after the start of pharmacy services delivery by the incoming Contractor(s).

F.2. Reports and Plans - Contract Data Requirements List (CDRL)

The Contractor shall electronically submit all CDRL items in accordance with each CDRL, Exhibit A to Section B of this contract. The Contractor shall submit all CDRL Items in the specified format using Microsoft Office Excel, Word, PDF, or other specified software. If no format is specified, the Contractor may use its own format. Unless otherwise specified in this section, all CDRL items shall be submitted to the Government via the E-commerce Extranet (<https://tma-ecomextranet.ha.osd.mil/logon/logon.cfm>). (See TOM, Chapter 14, Section 2, for report submission requirements.)

F.2.1. The following reporting requirements apply as specified by the related letter designator in block 16 on each CDRL, DD form 1423-1.

- A. Reports shall be submitted through the e-Commerce Extranet into the appropriate slot by the specified due date located in each CDRL.
- B. Reports containing PII or PHI shall be submitted through the E-commerce Extranet into appropriate slot that has been designated for PHI/PII.
- C. Large data files shall be uploaded to the secure FTP server provided by the Government.
- D. In the event that the specified due date does not fall on a business day, the report shall be submitted on the first business day following the due date.
- E. Reports shall contain sufficient data to allow the Government to calculate percentages independently. Reported percentages shall be rounded to two decimal places.

SECTION F
DELIVERIES OR PERFORMANCE

F.2.2. For all metrics reported in this contract, the Contractor shall provide numbers to the hundredths (two decimals).

F.2.3. The Contractor is accountable for assuring that reports contain accurate and complete data. Upon identification of any errors following initial submission, the Contractor shall notify the Government and provide updated corrected reports as soon as possible. The Contractor shall identify to the Government upon discovery the specific data to be corrected and provide an explanation for the initial error. The Contractor shall prepare written procedures describing the source of information as well as the specific steps followed in the collection and preparation of data for each report. All reports must be accompanied with data, documentation and audit trails sufficient to support and validate the reported information. The reports shall be titled as listed. The Contractor shall submit a negative report if there is no data to report.

F.2.4. The following is a list of the CDRLs the Contractor is required to complete and submit in accordance with the guidance provided above.

D010	MTF Reject Detail Reports
D020	Retail Pharmacy Claims (RPC) Data Requirements
D030	Non-Financially Underwritten Contractor Payment/Check Issue Data
W010	MTF Data Integrity Report
W020	MTF High Cost Claim Report
W030	MHS Genesis Claim Detail File
M010	Network Pharmacy Report
M020	Network Access Report
M030	Pharmacy Claims Processing System Availability Report
M040	HIPAA Privacy Complaint Report
M050	Supervisory Review Report
M060	Deployment Prescription Program Report
M070	Educational Update Report
M080	Priority Correspondence Report
M090	Call Center Top Issues Report
M100	TPharm Metric Summary Report
M110	MTF to TMOP Transfer Report
M120	Pharmacy Claims Audit Report
M130	Non-Financially Underwritten Bank Account Reconciliation Report
M140	Non-Financially Underwritten Accounts Receivable Report including Supplemental Reports (REV 09/08/21)
M150	Non-Financially Underwritten Bank Cleared Payment Data
M160	TPHARM Bank Account Statement Report
M170	MTF Data Integrity Summary Report
M180	MTF Reject Summary Report
M190	Reserved
M200	Mail Order Replenishment Reconciliation- Claims Level Data File (REV 06/30/20)
M210	Mail Order Replenishment Reconciliation- NDC Level Data File (REV 06/30/20)
M220	MTF High Cost Claim Summary Report
M230	Plan Cost Report
M240	Theater Data Medical Store (TMDS) Claims Processing Report
M250	Expanded Use of MTF/TMOP Summary and Savings Report
M260	Expanded Use of MTF/TMOP Override Report
M270	Reserved
M280	Prescription Monitoring Program Region Report
M290	MTF Prescription Monitoring Program Report

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M300 Auto Refill Dashboard
 M310 PDMP Overview Report (REV 1/04/2021)
 M320 Home Delivery Report (REV 06/30/2020)
 M330 Compound Prescription Report
 M340 Retail Disputes Status and Summary Report
 M350 DEERS Query Report for RTPB
 M360 Generic Market Pricing Report (REV 06/30/2020)
 M370 4th Tier Claim Rejection Report
 Q010 Paper Claims Aging Report
 Q020 Denied/Appealed Paper Claims Report
 Q030 Mail Order Pharmacy Prescription Report
 Q040 Mail Order Pharmacy Reship Report
 Q050 Quality Control Report
 Q060 Specialty Pharmacy Services Report
 Q070 Call Center Utilizers Data File
 Q080 Mail Order Pharmacy Utilizers File
 Q090 Clinical and Administrative Review Report
 Q100 Prescription Monitoring Program Summary Report
 Q110 Beneficiary Services Report
 Q120 Pharmacy Help Desk Report
 Q130 Explanation of Benefits (EOB) Report
 Q140 Retail Prescription Conversion Report
 Q150 Mail Order Pharmacy Partial Fill Report
 Q160 TED Summary Report
 Q170 CHCBP Monitoring Report
 Q180 Quality Review Program Report
 Q190 Other Health Insurance Development Report
 Q200 Plan Costs vs. Commercial Plans Report
 Q210 Fraud & Abuse Summary Report
 Q220 Step Therapy Enhancements
 Q230 Medication Adherence Summary Pilot
 Q240 Prescription Monitoring Program Utilizer Report
 Q250 Eligibility Recoupment Status Report
 A010 MOU with PDTs Contractor
 A011 MOU with DHMSM Contractor
 A023 MOU with Humana (T17 East Contractor)
 A024 MOU with HealthNet (T17 West Contractor)
 A030 MOU with BE&S
 A040 Service Organization Control Report (SOC1) – Statement on Standards for Attestation Engagements, SSAE 18 (Prime)
 A041 Bridge Letter in Support of Service Organization Control Report (SOC1) – Statement on Standards for Attestation Engagements, SSAE 18 (Prime)
 A050 Continuity of Operations Plan
 A060 Disaster Recovery Test Results
 A070 NIST Certification of Compliance Report
 A080 TPharm Payer Sheet
 A081 MTF Payer Sheet
 A090 Interface Control Document
 A091 DHMSM Interface Control Document
 A100 FOIA Releasable Contract
 A120 Fraud Detection and Prevention Strategy and Internal Procedures

SECTION F
DELIVERIES OR PERFORMANCE

A130 TMA Claims Review Contractor
 A140 Risk Assessment Letter of Assurance
 A150 EHR MTF Edit Set-up Document
 A160 MOU with TRICARE Select Navigator Program Contractor
 R010 Pharmacy Change Monitoring Report
 R020 Operations Issue Log
 R030 Ad Hoc Management Reports
 R040 Standard Operating Procedures (Desk Procedures)
 R050 Appeals Processing Guidelines Desk Instructions and reference
 R060 Threats Report
 R080 Breach Report
 R090 Declaration or Transfer and Destruction of Records
 R100 Random Sample Audit Worksheet
 R110 Fraud/Audit Patient Harm-Initial Notification Checklist
 R120 DHA/MTF Fraud & Abuse Referral Cover Sheet
 R130 B2B Gateway Questionnaire
 T010 Phase-In Transition Plan
 T020 Phase-In Transition Status Report
 T030 Phase-Out Transition Plan
 T040 Phase-Out Transition Status Report

F.2.5. Acceptance of EHR claims from MTF sites

F.2.5.1. DHMSM EHR Implementation. The DHMSM EHR interface implementation will meet the following dates:

- Begin Continuous Integrated Testing: 9/19/2016
- Initial Operating Capability and OT&E: 2/7/2017
- Wave 1 MTFs NLT than 09/07/2019 located at:
 - Travis AFB, CA
 - Mountain Home AFB, ID
 - Naval Hospital Lemoore, CA
 - Presidio of Monterey, CA (Army - Madigan)
(Navy - Lemoore)
- Wave Nellis NLT than 06/20/2020 (subject to change) at:
 - Beale AFB, CA
 - Edwards AFB, CA
 - Ft. Irwin, CA
 - Los Angeles AFB, CA
 - NAS Fallon, NV
 - Nellis AFB, NV
 - Point Mugu, CA
 - Port Hueneme, CA
 - Twenty-Nin Palms, CA
 - Vandenberg AFB, CA
- Wave Pendleton NLT 10/31/2020 (subject to change) at:
 - Camp Pendleton, CA
 - Eielson AFB, AK
 - Fort Wainwright, AK

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- Joint Base Elmendorf-Richardson (JBER), AK
- Wave San Diego NLT 02/2020 (subject to change) at:
 - 1st Dental Battalion @Camp Pendleton (3 locations), CA
 - NMC San Diego, CA
- Wave Bliss and Carson NLT 3/2021 (subject to change) at:
 - Yuma, (Ft. Irwin), AZ
 - Yuma, (Camp Pendleton), AZ
 - Minot, ND
 - Grand Forks, UT
 - Malmstrom, MT
 - Luke, AZ
 - Davis-Monthan, AZ
 - Ft. Huachuca, AZ
 - Cannon, NM
 - Kirtland, NM
 - Hollman, NM
 - Hill, UT
 - Toole, UT
 - Dugway, UT
 - Ft. Bliss, TX
 - Offutt, NE
 - Ellsworth, SD
 - FE Warren, WY
 - Ft. Carson, CO
 - Air Force Academy, CO
 - Buckley, CO
 - Peterson, CO
 - Whiteman, MO
 - Ft. Riley, KS
 - Ft. Leonard Wood, MO
 - Ft. Leavenworth, CO
 - McConnell, KS
- Wave Hawaii NLT 6/2021 (subject to change) at:
 - Hawaii, HI
 - Hickman AFB, HI
 - Tripler, HI
 - Kaneohe Bay Dental, HI
- Wave SAMMC and Wave Lackland NLT 03/2022 (subject to change) at:
 - SAMMC, TX
 - Corpus Christi, TX
 - Dyess AFB, TX
 - Goodfellow AFB, TX
 - Lackland AFB, TX
 - Laughlin AFB, TX
 - Randolph AFB, TX
 - Sheppard AFB, TX
- Wave Bragg & Hood LNT 04/2022 (subject to change) at:
 - Fort Bragg, NC

SECTION F
DELIVERIES OR PERFORMANCE

- Seymour Johnson AFB, NC
- Pope Field, NC
- Cherry Point, NC
- Camp Lejeune, NC
- Fort Hood, TX
- Barksdale AFB, LA
- Fort Polk, LA
- Altus AFB, OK
- Tinker AFB, OK
- Fort Sill, OK
- Vance AFB, OK
- Little Rock AFB, AR
- NAS Belle Chasse (Pensacola), LA
- Wave Beaumont & Gordon NLT 07/2022 (subject to change) at:
 - White Sands Missile Range, NM
 - Fort Bliss, TX (previously negotiated under Wave Carson)
 - Holloman AFB, NM (previously negotiated under Wave Carson)
 - Fort Stewart, GA
 - Fort Benning, GA
 - Fort Gordon, GA
 - NBHC Kings Bay, GA
 - NBHC Albany, GA
- Wave Eglin & Jacksonville NLT 10/2022 (subject to change) at:
 - Tyndall AFB, FL
 - Eglin AFB, FL
 - Hurlburt Field, FL
 - Patrick AFB, FL
 - Fort Rucker, FL
 - NAS Whiting Field, FL
 - Maxwell AFB, AL
 - Keesler AFB, MS
 - Redstone Arsenal, AL
 - Columbus AFB, MS
 - NAS Pensacola, FL
 - Moody AFB, FL
 - Joint Base Charleston, SC
 - MCAS Beaufort, SC
 - Shaw AFB, SC
 - Robins AFB, GA
 - Fort Jackson, SC
 - Screaming Eagle Medical Home (Ft. Campbell), TN
 - NBHC Mid-South (Pensacola), TN

F.2.5.2. EHR Claims. Reserved.

F.2.6. Implementation of Additional MTF to TMOP Sites (per C.7.8.1.)

SECTION F
DELIVERIES OR PERFORMANCE

F.2.6.1. Planning and Coordination Visits. In addition to the requirements at C.16.1.5., if not accompanied by the COR, the Contractor will provide to the COR a trip report for each site visit, summarizing discussions/working group results. Such reports shall include the agenda, any presentation materials, or other relevant information exchanged during the visit. This will include names and contact information for the MTF staff, Government personnel or MTF support contractor personnel with whom they met.

F.2.6.2. Delivery Schedule. MTF pharmacies for the following sites will be capable of transferring prescriptions to the TMOP by the date shown:

<u>Site</u>	<u>Modification</u>	<u>Sub-CLIN</u>	<u>Completion Date</u>
Travis, CA	P00128	2024AB	September 9, 2016
Jacksonville, FL	P00128	2024AB	October 31, 2016
Ft. Hood, TX	P00128	2024AB	September 12, 2016
Eglin, FL	P00128	2024AB	September 21, 2016
Lejeune/Cherry Pt, NC	P00128	2024AB	September 26, 2016
Shaw, SC	P00128	2024AB	September 28, 2016
Fort Bragg, NC	P00292	5024AF	October 30, 2020
Keesler AFB, MS	P00292	5024AF	October 30, 2020

F.2.7. CLIN 3024AA, NDAA – 2017 Section 701 Implementation. The NDAA 2017, Section 701 implementation schedule will meet the following dates:

- Catastrophic CAP Extension: 10/1/2017
- All requirements other than Catastrophic Cap Extension: 1/1/2018

F.2.8. Sub-CLIN 3024AC – NDAA – 2017 Section 701(h) Medication Adherence Pilot Implementation. The NDAA 2017, Section 701(h), TOM, Chapter 18, Section 22, Value-Based Purchasing (VBP) Medication Adherence Pilot Implementation Schedule will meet the following dates:

Implementation Complete: January 1, 2018 (Unless a later date is directed by the Government)

F.2.9. Sub-CLIN 3024AD – Additional Continued Health Care Benefits Program (CHCBP) Reporting During the Transition to the T-2017 Managed Care Services (MCS) contracts, will meet the following implementation schedule:

Implementation Complete: January 1, 2018

F.2.10. CLIN 3024AE – Implementation of DLA Master Medical Catalog, to replace the DLA Managed Care Pricing File (MCPF) for use in ordering TMOP replenishment, adjudicating MTF CHCS claims and other actions when the contractor needs to price with a Government drug acquisition price. Implementation schedule will meet the following dates:

System Integration Testing:	TBD
Implementation Complete:	March 1, 2018, or such date as mutually agreed to by DLA, DHA and the contractor

(End of Section F)

SECTION G
CONTRACT ADMINISTRATION DATA

252.204-7006 Billing Instructions (OCT 2005)

When submitting a request for payment, the Contractor shall-

- (a) Identify the contract line item(s) on the payment request that reasonably reflect contract work performance; and
- (b) Separately identify a payment amount for each contract line item included in the payment request.

(End of Clause)

252.232-7003 Electronic Submission of Payment Request & Receiving Reports (JUN 2012)

(a) Definitions. As used in this clause—

(1) “Contract financing payment” and “invoice payment” have the meanings given in Section 32.001 of the Federal Acquisition Regulation.

(2) “Electronic form” means any automated system that transmits information electronically from the initiating system to all affected systems. Facsimile, e-mail, and scanned documents are not acceptable electronic forms for submission of payment requests. However, scanned documents are acceptable when they are part of a submission of a payment request made using Wide Area WorkFlow (WAWF) or another electronic form authorized by the Contracting Officer.

(3) “Payment request” means any request for contract financing payment or invoice payment submitted by the Contractor under this contract.

(4) “Receiving report” means the data required by the clause at 252.246-7000, Material Inspection and Receiving Report.

(b) Except as provided in paragraph (c) of this clause, the Contractor shall submit payment requests and receiving reports using WAWF, in one of the following electronic formats that WAWF accepts: Electronic Data Interchange, Secure File Transfer Protocol, or World Wide Web input. Information regarding WAWF is available on the Internet at <https://wawf.eb.mil/>.

(c) The Contractor may submit a payment request and receiving report using other than WAWF only when—

(1) The Contracting Officer administering the contract for payment has determined, in writing, that electronic submission would be unduly burdensome to the Contractor. In such cases, the Contractor shall include a copy of the Contracting Officer’s determination with each request for payment;

(2) DoD makes payment for commercial transportation services provided under a Government rate tender or a contract for transportation services using a DoD-approved electronic third party payment system or other exempted vendor payment/invoicing system (e.g., PowerTrack, Transportation Financial Management System, and Cargo and Billing System);

(3) DoD makes payment for rendered health care services using the TRICARE Encounter Data System (TEDS) as the electronic format; or

(4) When the Government wide commercial purchase card is used as the method of payment, only submission of the receiving report in electronic form is required.

(d) The Contractor shall submit any non-electronic payment requests using the method or methods specified in Section G of the contract.

(e) In addition to the requirements of this clause, the Contractor shall meet the requirements of the appropriate payment clauses in this contract when submitting payment requests.

(End of Clause)

SECTION G
CONTRACT ADMINISTRATION DATA

G.1. Contract Administration. The TRICARE Management Activity (TMA), Acquisition and Management Support Directorate, will perform contract administration, except as delegated to other Government agencies by the TMA Contracting Officer. The Contractor will be provided a copy of all delegations of administration functions. The following individuals will be the Government points of contact during the performance of this contract.

G.1.1. Contracting Officer: The TMA Contracting Officer is responsible for the administration of this contract and is solely authorized to take action on behalf of the Government that may result in changes to the terms of this contract, including deviation from section C. The Contracting Officer for administration of this contract is:

Contracting Officer
TRICARE Management Activity
Contract Operations Division - Aurora
16401 East Centretex Parkway
Aurora, CO 80011-9066

G.1.2. Contracting Officer's Representative: The Contracting Officer will designate a Contracting Officer's Representative (COR) in writing. The Contractor will be provided a copy of COR appointment. The written appointment will delineate the scope of authority of the COR. The COR has no authority to make any commitments or changes that affect any term or condition of the contract.

G.1.3. Contractor Points of Contact Personnel : The following names and addresses of the Contractor's primary and alternate point of contact (POC) are authorized to negotiate with the Government and have authority to commit to contract implementation and compliance:

	Primary	Alternate
Point of Contact	(b) (6)	(b) (6)
Title	Vice President, Account	Director of Contracts
Company Name	Express Scripts, Inc. Federal Pharmacy Services	Express Scripts, Inc. Federal Pharmacy Services
Address	300 New Jersey Ave, NW Suite 600 Washington D.C. 20001	8455 University Place Drive, St. Louis, MO 63121-1824
Phone Number	Office: (b) (6) / Mobile: (b) (6)	Office: (b) (6)
Fax	(b) (6)	(b) (6)
Email Address	wcahill@express-scripts.com	NJacobs@espress-scripts.com

G.1.4. Government Payment Office.

Department of Defense
TRICARE Management Activity
ATTN: Contract Resource Management (CRM)
16401 E. Centretex Parkway
Aurora, CO 80011-9066

SECTION G
CONTRACT ADMINISTRATION DATA

G.1.5. Administrative Contracting Officer In accordance with Federal Acquisition Regulation 42.202 the Contracting Officer has delegated certain contract administration functions to the Defense Contract Management Agency (DCMA). The Contractor will be provided a copy of the delegation which delineates the specific administrative functions that have been delegated.

The Administrative Contracting Officer (ACO) for delegated administration of this contract is:

Defense Contract Management Agency
1222 Spruce Street, RM 90300
St. Louis, MO 63103-2812

G.2. Ordering.

G.2.1. Ordering authority: Only the TMA Contracting Officer has authority to issue task orders under the contract.

G.3. Payment Instructions for Multiple Accounting Classification Citations. In accordance with DFARS PGI 204.7108 this subsection provides instructions to the paying office:

G.3.1. Accounting and Appropriation Citations: When obligated, accounting and appropriation citations will be identified in the individual Task Order as informational subline items.

G.3.2. Each Contract Line Item Number (CLIN) is a separate contract type. Payments will be applied at the CLIN or Sub Line Item Number (SLIN) level.

G.3.2.1. Where there is a single line of accounting under a Task Order CLIN, the payment office will make payments with the funds established for that Task Order CLIN. If there is more than one line of accounting within a Task Order CLIN, the payment office will determine the appropriate line of accounting to use based on period of performance.

G.4. Other Instructions to Paying Office.

G.4.1. The paying office will follow paying instructions included in any contract modification, including change order definitizations and performance incentive payment modifications.

G.4.2. Revisions to payment instructions may be made as circumstances require. Revisions may be accomplished by correspondence between the contracting office and the paying office.

G.4.3. The date for all invoice payment(s) shall be as stated in FAR 52.232-25 (i.e. the 30th day after the later of receipt of a proper invoice, or its acceptance), with the exception of invoices submitted for Retail Network Claims, Electronic (including Electronic COB at the MOP), (CLINs X001 and X002). In accordance with P00217, beginning on August 1, 2018, these claims shall be paid the 20th day after the later of receipt of a proper invoice, or its acceptance. Acceptance is described in G.6.1.2. These paying instructions apply only to Retail Network Claims, Electronic (including Electronic COB at the MOP), (CLINs X001 and X002) to which a 10-day hold has been applied per G.11.3.1.3.

G.5. Invoice and Payment - Non-TEDS.

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G.5.1. Contract Phase - In, TRICARE. Payment for services rendered on this requirement will be made only once during the contract, upon completion of the requirement and submission of a payment request.

G.5.3. MTF Prescription, Adjudication Services. The unit price for adjudicating MTF prescriptions will be paid against CLIN X005 (X in CLIN designation, refers to same CLIN all option periods) by the monthly submission of a payment request. Supporting documentation required to validate this payment request will be sent to the COR.

G.5.4. Mail Order Unreplenished Agents. The unit price for Contractor fulfillment of Mail Order Prescriptions (MOP) for which pharmaceutical agents could not be replenished by the National Prime Vendor (NPV) will be paid against CLIN X010 by submission of payment request at the beginning of each option period.

G.5.5. Explanation of Benefits (EOB). The unit price for mailing paper explanation of benefits to beneficiaries will be paid against CLIN X013 by the monthly submission of a payment request. The Contractor will not bill the Government for the final EOB mailing generated under this contract.

G.5.6. Government Directed Mailings. The unit price(s) for the quantity of Government directed mailings made during the contract's base period, or a given option period will be paid against CLINs 0002 or X014, respectively. After the end of each quarter, the Contractor may submit a payment request for mailings made during that quarter. Supporting documentation required to validate these payment requests will be sent to the COR. Government directed mailings do not include any communication with the beneficiary arising from the normal course of processing prescriptions or performing clinical reviews. Payments for mailings associated with a CLIN may be made. Requests for payment will not be made for mailings in which a CLIN is not associated. See following table:

Type Mailing	Reference	CLIN
Benefit Change Announcement, During Contract Phase-In	C.19.2.3	0002
Notice Drug is No Longer on DoD Formulary	C.10.4.3	X014
Notice Drug is Non-Compliant with Federal Pricing	C.10.4.3	X014
Benefit Change Announcement	C.10.4.4	X014
Notice of Network Change, During Contract Phase-In	C.19.2.1	NA
Start-Up Informational Package	C.19.2.2 & C.10.4	NA
New Beneficiary Mailing	C.10.4.1	NA
Clinical Issue / Warning Letter	C.10.4.5	NA
Notice of Network Change	C.6.6.1	NA
Beneficiary Notification, Prescription Monitoring	C.9.4	NA
TRICARE For Life (TFL) Mandatory Mail Pilot	C.7.1.11	NA
Expanded Use of MTF/TMOP	C.7.1.14.5.1, C.7.1.14.5.2 & C.7.1.14.5.3	NA
Medication Adherence Pilot	C.9.6.4.	X014

G.5.7. Contract Data Requirements List (CDRLs). Payment for deliverables will be made by submission of a payment request at the conclusion of the base period for CLIN 0003 and each option period for CLINs X015.

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G.5.8. Retail Network Cost Control Incentive. Any performance incentive earned by the Contractor for Retail Network Cost Control (H.1) will be paid against X016. The Contractor may submit its payment request upon receipt of the contract modification implementing the incentive assessment.

G.5.9. Incentive for Savings on High Cost Medications. Any performance incentive earned by the Contractor for savings on high cost medications (H.2.1) will be paid against X017. The Contractor may submit its payment request upon receipt of the contract modification implementing the incentive assessment.

G.5.10. Transfer New Retail Prescription to Mail Order. The performance incentive earned for successfully transferring retail prescriptions to MOP (H.2.2) will be paid against CLINs X018 & X019. The Contractor may submit a payment request no more than quarterly. Payment requests for this requirement are validated by CDRL Q140. However, the Contractor shall provide additional documentation to the Government upon request to validate the criteria specified in H.2.2.

G.5.11. Transfer New Retail Prescriptions to MTF Incentive. The performance incentive earned for successfully transferring retail prescriptions to MTFs (H.2.2) will be paid against CLINs X020 & X021. The Contractor may submit a payment request no more than quarterly. Payment requests for this requirement are validated by CDRL Q140. However, the Contractor shall provide additional documentation to the Government upon request to validate the criteria specified in H.2.2.

G.5.12. Contract Phase-Out: The Contractor will be paid against CLINs X022 or X023 (Phase Out) activities only once during the contract. The Contractor may submit a payment request, only after all phase out tasks have been completed.

G.5.13. Market Priced Generic Drug Recommendation Administrative Fees. The Contractor may invoice the unit price listed under CLIN X027 for the administrative fee, upon execution of each modification which documents Government acceptance of a Contractor's proposal submitted in accordance with C.7.11.2.1. The Contractor will invoice CLIN X027 no more than monthly and only upon the obligation of funds to the corresponding task order.

G.5.14. Reimbursement, Market Priced Generic Drug Dispensed, Accepted Offers. The Contractor may request reimbursement by invoicing CLIN X028 for the cost of pharmaceutical agents dispensed at MOP (and in quantities supported by CDRL M360). The Contractor will invoice CLIN X028 no more than monthly and only upon the obligation of sufficient funds to the corresponding task order and upon dispensing all drugs for an offer in their entirety.

G.5.15. Market Priced Generic Drug Dispensed, MOP Savings Incentive. For purposes of administrative ease the Contractor may combine any savings incentive earned for Market Priced Generic Drug Dispensed at MOP (calculated in accordance with H.2.3.) with the reimbursement for MPG drug dispensed (See G.5.14) for the same offer. This combined amount will be invoiced against CLIN X028. The Contractor may submit its invoice quarterly upon notification from the Government documenting the savings achieved and corresponding incentive for each of the Contractor's MPG recommendation(s).

G.6. Retail Pharmacy- Claims Processing CLINs.

G.6.1. General.

G.6.1.1. Retail pharmacy claims are paid based on the processing of retail pharmacy claims and the creation of associated TEDs.

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G.6.1.2. For the purpose of claims processing the completion of the batch TEDs submission (end date/time) sent to TMA will be used to determine the date of receipt; and the date the claim passes all TED edits shall be used to determine the date of acceptance for payment. Payment will be made unless the payment office is informed of an audit or other review of a specific payment request to ensure compliance with the terms and conditions of the contract, or there are disagreements on the payment amounts.

G.6.2. Retail Prescription

G.6.2.1. Invoice and payment procedures for Retail Network Claims, Electronic (including Electronic COB at the MOP), (CLINs X001 and X002); and Retail Network Claims, Paper (CLINs X003 and X004) differ as detailed in the payment instructions provided in G.4.3. Submission of a TED record to DHA is considered submittal of an invoice.

G.6.2.2. Claim Quantity: The Contractor is paid the unit price for each TED record that passes all TED edits as specified in the TSM and validated by the TMA TED record edit system.

G.6.2.3. Unit price and performance period: The Contractor is paid the claims processing unit price identified in Section B for the contract period in which the Contractor originally submits the claim. The batch/voucher date in the voucher header is used to determine the contract period and applicable unit price.

G.7. Mail Order and Specialty Pharmaceuticals. This section covers the reporting requirements/replenishment for dispensing Mail Order Pharmacy (MOP) prescriptions.

G.7.1. Drug Replenishment: The Government will bear the cost of prescriptions dispensed at the MOP under this contract by providing drug replenishment through Defense Supply Center, Philadelphia (DSCP) and the National Prime Vendor (NPV) per section C.3. Replenishment will not be made for pharmaceutical agents shipped as a replacement.

G.7.2. TED Record Submissions: The Contractor will generate TED records for each prescription filled per TSM, Chapter 2. TEDs are reported on separate headers for TRICARE and TRICARE Medicare Dual Eligible.

G.8. Mail Order Pharmacy – TEDs Related Processing .

G.8.1. Mail Order Pharmacy, Prescription Fill. Payment for processing Mail Order Pharmacy will be made against X006 or X007, depending upon the beneficiary's eligibility. Payment will be based on the CLIN unit price multiplied by the number of eligible records for that CLIN. The Contractor shall be paid one processing fee per TED record indicator number. The Government will offset unit price payments based on the calculated co-payment amounts (i.e. what was required to be collected by the Contractor from the beneficiary) to determine the net amount due the Contractor or Government. Payments shall be reported on the disbursing document showing the amounts paid by CLIN, co-payment offsets shall be separately reported on the disbursing document citing '9999CP' in the CLIN field (NOTE '9999CP' is not a CLIN but is used by TMA, CRM to report co-payment amounts). Co-payment offsets shall be calculated on a Net 30 basis and based on the same due date calculation used for processing fee payments. The Government shall pay the amount due to the Contractor in accordance with the Prompt Payment Act, after acceptance of the TED record.

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G.8.1.1. For MOP Prescription Fill the Contractor:

- Will not submit a TEDs (invoice) for the processing fee for a replacement shipment, where the original shipment has not been received, or was received in unusable condition (C.7.3);
- Will submit a TEDs (invoice) for the processing fee for each partial shipment (C.7.4);
- Will submit a TEDs (invoice) for the processing fee for each MOP prescription shipped out as a deployed prescriptions (C.7.10).

G.8.2. Mail Order Pharmacy, Specialty Clinical Services. Payment of processing fees for Mail Order Pharmacy, Specialty Clinical Services will be made against X008 or X009, depending upon the beneficiary's eligibility. The offset to processing fee payments based on the calculated co-payment amounts will be the same as described in G.8.1.

G.8.2.1. For the period during which a beneficiary refuses specialty clinical services, the Contractor will be paid a normal MOP prescription fill (X006 or X007) for any refills, or a new prescription for the same specialty medication(s). Beneficiaries may opt back into specialty clinical services at their discretion. Reporting is required at CDRL Q060.

G.9. Clinical Reviews. Clinical reviews are performed for both retail claims and mail order transactions. Payment for each clinical review (i.e. PAs/MNs) will be based on submission of a separate TED record and paid against CLIN X011 or X012. The Contractor may:

- Submit a TED (invoice) for performing each clinical review as described at C.9.1.4.
- Submit a TED (invoice) for reviewing each prescription requesting brand name over generic.
- Not submit a TED (invoice) where a PA/MN already exists for the same purpose.
- Not submit a TED (invoice) Not be paid a transaction fee for any administrative (i.e. automated) reviews.

G.10 CLIN Payment Eligibility

G.10.1 Eligible CLIN Records: If a TED record is eligible to receive a CLIN payment (all retail claims are eligible to receive an administrative CLIN payment), then the TED record (Including Type of Submission 'C' - complete cancellation to TED record data) shall be submitted by the Contractor to TMA using a Header Type Indicator of '6' or '9' (even if the TED record has already received a CLIN payment).

G.10.2 Ineligible CLIN Records: If the Contractor determines the TED record submitted is not eligible to receive a CLIN payment OR the Contractor wants to refund an CLIN payment to TMA, then the Contractor shall submit the TED record to the TRICARE Management Activity (TMA) using a Header Type Indicator of '0' or '5'. No CLIN payments can occur on any TED record grouped in a Batch/Voucher with Header Type Indicator of '0' or '5'. Only no-pay and credits can be processed under these header types.

G.10.3 Procedures for Administrative Fee Payments When the TED Record Processing System Is Not Available: Upon notification by the Contracting Officer that the TED Record processing system is not operating normally, the Contractor may submit invoices outside of the TED system to the Contracting Officer. The invoice shall list the number of claims processed by CLIN. This may be submitted daily or grouped by no more than five days of claims. These payments will be treated as an interim payment and

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will be a credit to the amount due as determined by the TED Record processing system when it is operating again.

G.11. Retail Pharmacy Benefit Payments. This sub-section covers the method of payments used for network retail pharmacies, non-network retail pharmacies, State Medicaid agencies, clearinghouses, and beneficiaries.

G.11.1. Retail Benefit Payment.

G.11.1.1. The Government will bear the cost of retail prescriptions dispensed under this contract. The Contractor acts as a Fiscal Intermediary for the Government to distribute, or pass-through, Government funds for certain pharmacy benefits.

G.11.1.2. The Contractor shall establish (see G.11.2) and use a minimum of two separate bank accounts to reimburse claims in accordance with this sub-section. One bank account will be used exclusively for paying retail pharmacy claims (and deposit of any over-payment amount) of beneficiaries covered by TRICARE, but not Medicare (i.e. TRICARE-Only Eligible) beneficiaries. The second bank account will be used exclusively for paying retail pharmacy claims of beneficiaries who are eligible for coverage under both Medicare and TRICARE (i.e. Medicare-Dual Eligible). New bank accounts for both of the eligibility categories will be established for use during each Federal Government fiscal year. If the Contractor needs additional bank accounts, a request specifying the purpose of the additional accounts should be submitted to TMA/CRM for approval.

G.11.1.3. Funds used to pay for TRICARE-only and Medicare-dual eligible claims come from separate and distinct appropriations. The Contractor shall therefore ensure that bank transactions are properly accounted for in order to prevent the commingling of funds. Failure to properly associate transactions with the correct bank account could result in the over-execution of TMA/CRM budget authority. The transfer of funds between bank accounts is strictly prohibited (except when authorized to correct an earlier deposit found to have been made to the wrong account). Any transactions reported under one bank account and later identified as belonging to a different bank account shall be reported immediately. TMA/CRM will instruct the Contractor as to what corrective action to take.

G.11.1.4. Retail pharmacy claims will be identified as either TRICARE-only eligible claims or Medicare-dual eligible claims; and their payment will be processed from the appropriate bank accounts referenced below. Upon processing a claim to completion, the Contractor shall submit a TED record to TMA per TSM, Chapter 2. TEDs are considered to be an invoice.

G.11.1.4.1 Claims from network pharmacies will be paid in accordance with the agreements which exist between the Contractor and its network pharmacies, e.g., WAC plus/minus price adjustment, plus Dispensing Fee, minus the collected co-payment. Network pharmacy payments may be accumulated until the agreed to payment date (e.g. weekly, biweekly, etc.).

G.11.1.4.2 For TRICARE-authorized vaccine claims submitted by network pharmacies, the pass-through payments will be in accordance with the agreements that exist between the Contractor and its network pharmacies, e.g., vaccine WAC, plus / minus price adjustment, plus a Dispensing Fee, plus an administration fee, also known as a Professional Service Fee (PSF). No Co-pay (\$0) will be subtracted for TRICARE-authorized vaccinations.

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G.11.1.4.3. For non-network pharmacy claims, the Contractor shall, on a daily basis, reimburse the submitter of the claim, billed charges minus applicable co-payments and deductibles in accordance with the TRICARE Reimbursement Manual (TRM), Chapter 2, Addendum B.

G.11.1.5. All payments for pharmacy claims processed by the Contractor must be approved by the TMA/CRM Budget Office (C.11.4.) before the Contractor may send checks or make electronic funds transfers to the beneficiary or provider.

G.11.1.6. The Government will cover payments made by the Contractor on behalf of the Government by allowing the Contractor (through the Contractor's bank) to draw money from a designated Federal Reserve Bank (FRB). The draws will be made by means of the Federal Reserve Wire System (Fedwire).

G.11.1.7 No bank fees or other bank charges shall be paid from these accounts and no money should be drawn from the FRB for such charges.

G.11.1.8. Draws on the FRB by the Contractor.

G.11.1.8.1. The Contractor shall ensure that cash drawdowns do not exceed the payments authorized, as they clear the bank on a given day, less available deposits. The Contractor shall ensure that any excess amount(s) draw are immediately returned to the FRB. Interest and a penalty will begin the day after the overdraft and will continue until the overdraft amount is returned. Interest will accrue daily and is based on the Treasury Current Value of Funds Rate. The penalty will accrue daily and is based on the penalty rates in the Code of Federal Regulations, Title 31, Volume 1, PART 5, Subpart B Sec.5.5. TMA/CRM may initiate immediate payment offset against any payments to the Contractor involved for the interest, penalties and/or the overdrawn amount.

G.11.1.8.2. The total amount of a cash draw upon the FRB shall be based on the daily total of benefit payments presented to the bank for payment. If estimated amounts are used due to timing of reports from check clearinghouses or the FRB, the draws shall be adjusted the next business day.

G.11.1.8.3. Computation of the amount of the draw must include any available deposits of funds into the account. These deposits will reduce the amount of cash needed for the drawdown on the day of the deposit.

G.11.2. Establishment of Bank Accounts to Pay Retail Pharmacy Claims.

G.11.2.1. The Department of the Treasury's Automated Standard Application for Payment System (ASAP), along with Fedwire, provide a mechanism for disbursement of Government funds to the Contractor for retail pharmacy payments. After authorization by TMA/CRM, these systems allow the Contractor to draw cash directly from the FRB to cover payments as they clear the Contractor's bank account. ASAP is used by the Treasury, the FRB, and TMA/CRM to verify the authorization to make draws and to track the transactions made by the Contractor's bank. Fedwire is used by the Contractor's bank to actually draw funds from the FRB.

G.11.2.2. The Contractor shall establish bank account(s) with a commercial bank that has Fedwire capability following Treasury requirements. The Contractor shall submit bank information to TMA/CRM not later than 60 calendar days prior to the beginning of processing claims on a new account. The information shall include:

- Name of Bank
- Mail address

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- American Banking Association (ABA) routing number (RTN)
- Taxpayer Identification Number (TIN) for the bank.
- DUNS number for the bank.
- Contractor's bank account number(s) for deposits and for checks (if separate deposit and payment account numbers are used by the bank, provide both numbers).
- Individual point of contact at the bank and an alternate, including their phone numbers, and e-mail addresses
- Individual point of contact at the Contractor and an alternate, including their phone numbers, and e-mail addresses

G.11.2.3. TMA/CRM will establish the above bank account(s) on ASAP with the Treasury Department. TMA/CRM will notify the bank and the Contractor once the bank account(s) have been established and provide codes or other information necessary for the bank to make draws against the FRB using Fedwire. Currently, ASAP has a requirement to identify a total dollar amount that may be drawn on the FRB. This dollar limit, established by TMA, only represents an administrative ceiling at the FRB, and does not constitute any authority to draw funds. Accounts will also have daily limits for the amount that can be drawn. The Contractor will be notified of these limits by TMA/CRM. TMA/CRM will be able to increase these limits if needed.

G.11.2.4. Each bank account will be reconciled by the Contractor on a monthly basis following the format and instructions in CDRL M130.

G.11.3. TED Record Submissions.

G.11.3.1. TED Voucher Transmission Requirements.

G.11.3.1.1. TRICARE Encounter Data (TEDs) shall be submitted per TSM requirements which include separate grouping by the Automated Standard Application for Payment (ASAP) System ID. TEDs will be rejected and must be resubmitted if not grouped correctly. Adjustments and cancellations may be included with initial submissions.

G.11.3.1.2. TED Batch/Vouchers shall be transmitted to TMA by 10 a.m. Eastern Time to be considered for that day's business. TED Batch/Vouchers received after 10:00 AM Eastern Time shall be considered received the next business day for payment and check release authorization purposes. Batch/Vouchers must pass all TED header edits as specified in the TSM. If all header edits are not passed, the Batch/Voucher will be rejected and returned to the Contractor.

G.11.3.1.3. The Contractor shall submit TED records to TMA on a daily basis (business days), following a ten-day hold for each retail Electronic Media Claim (EMC) transaction. The ten-day hold does not apply to paper claims, clearinghouse claims, State Medicaid agency claims, specialty pharmacy transactions or mail order pharmacy transactions. TED records for all non-electronic claims will be submitted in accordance with TOM Chap 1, Section 3, 1.8. TMA will confirm that the voucher header is valid, and that it balances with the dollar amount of the related records.

G.11.3.2. Voucher Integrity: Voucher header and detail amounts transmitted by the Contractor become "fixed" data elements in the finance and accounting system for purposes of control and integrity. Corrections or adjustments to reported (payment) amounts must be accomplished on separate voucher transmissions.

G.11.3.3. Payment Suspension and TED Processing During Partial Funding Shortages.

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G.11.3.3.1 Some of the funding TMA receives may be restricted in use to a specific federal agency, military department and/or to a particular health care program. Funding for these special purpose programs may run out before funding for other TMA programs. Therefore, the Contractor shall have the ability to suspend claims payment and the associated submission of TED line item(s) to TMA based on values contained in the following TED record fields:

- Service Branch Classification Code (Sponsor), SBCC - As specified in the TRICARE Systems Manual (TSM), Chapter 2, Section 2.8.
- Enrollment/Health Plan Code (E/HPC) - As specified in the TSM, Chapter 2, Section 2.5.
- Special Processing Code (SP) - As specified in the TSM, Chapter 2, Section 2.8.
- Health Care Delivery Program Coverage Code - As specified in the TSM, Chapter 2, Addendum M.

G.11.3.3.2. The suspension of claims payment and associated TED records may be based on a single value (e.g. SBCC=A) or a combinations of values (e.g. SBCC=A & E/HPC=SR). Suspension of claims payments shall be implemented by the Contractor within five workdays after receiving notification from the Contracting Officer. Any claims paid on or after the sixth workday, will be subject to immediate payment offset against any Contractor invoices including TEDs related administrative payments. The Contractor shall NOT, without prior Contracting Officer approval, initiate payment offset against any provider or beneficiary for payments made against suspended transactions and offset by TMA/CRM on Contractor invoices.

G.11.3.3.3. For all suspended transactions, the Contractor shall hold the claim information until receiving instructions from the Contracting Officer to do otherwise. The Contractor shall not reject the claims or return any information to the providers or beneficiaries unless instructed by the Contracting Officer. Once the Contracting Officer lifts the TED data submission restriction, the Contractor may submit all withheld TED data on the next appropriate (batch/voucher) data submission. TMA/CRM will reimburse the Contractor (without interest) for any invoice payment offsets done for TED suspended transaction that have not been recouped by the Contractor.

G.11.4. Authorization to Release Pharmacy Benefit Payment.

G.11.4.1. The Contractor shall not release pharmacy benefit payments without prior authorization from the TMA/CRM Budget Office. Authorization from TMA/CRM to release payments will be sent to the Contractor via fax or e-mail NLT than 5:00 PM Eastern Time on the day of receipt. Authorization will specify contract number, ASAP Account ID#, initial transmission received date, and total dollar amount of funds that may be released based on information contained in the Batch/Voucher header. Approval for funds release will be given provided the following criteria are met:

- Voucher submissions must pass all header edits as specified in TSM, Chapter 2, Section 2.3.
- TMA/CRM Budget Officer has confirmed that funding is available to cover payments.

G.11.4.2. For payments made on a daily basis, a control number shall be included on the daily funding authorization which will authorize the Contractor to mail/transmit payments to the pharmacies, beneficiaries, or other submitter of a claim.

G.11.4.3. Payments made for multiple days (e.g., network pharmacies) should be the accumulations of daily funding authorizations. On, or prior to, the day the Contractor is going to release these payments, the Contractor shall provide to TMA/CRM, by e-mail or other agreed upon method, the total amount of payments by bank account and a listing of all TED voucher numbers being paid (the TED voucher header totals and payment request totals must be equal to one another for each bank account). This listing should

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be equal to previously approved daily funding. CRM will initially provide a control number sequence that should be used for check run submissions.

G.11.4.4. Authorization to release payments does not constitute TMA's acceptance that all payments are valid and/or correct. Detailed records will be audited for financial compliance. All transactions in these bank accounts must be valid and justified. Any unreported/unauthorized disbursements identified by TMA will be subject to immediate payment offset against any payments being made to the Contractor. All disputed amounts will remain in the possession of the Government until no longer in dispute.

G.11.5. Procedures for Benefit Payment Approval When the TED Record Processing System Is Not Available: Upon notification by the Contracting Officer that the TED Record processing system is not operating normally, the Contractor will send an email or fax with a listing of specific vouchers to TMA/CRM to request release of checks/EFT payments. This may be done daily. TMA/CRM will return to the Contractor a signed release so the Contractor can pay the providers and beneficiaries without delay. The Contractor must not release payments until this approval is received. Upon notification by the Contracting Officer that the TED Record processing system is operating again, this process can be discontinued. The Contractor requests will include the following Header information for each voucher (See TSM, Chapter 2, Section 2.2):

ELN	Element Name
0-001	Header Type Indicator
0-005	Contract Identifier
0-010	Contract Number
0-015	Batch/Voucher Identifier
0-020	Batch/Voucher Number
0-025	Batch/Voucher ASAP Account Number
0-030	Batch/Voucher Date YYYYDDDD
0-035	Batch/Voucher Sequence Number
0-040	Batch/Voucher Resubmission Number
0-045	Total Number of Records
0-050	Total Amount Paid

G.11.6. Release of Payments to Providers/Beneficiaries: Benefit payments shall be released/mailed no later than two workdays after TMA/CRM has approved the release of payments. Check date shall be the same date as the calendar date the Batch/Voucher was transmitted to TMA.

G.11.7. Manual Payments to Providers/Beneficiaries for Retail Pharmacy Claims.

G.11.7.1. Payments for retail prescription costs may only be made manually (i.e. not using TED records) with prior approval from the TMA/CRM. Manual payments will only be approved for exceptional and rare situations, such as agreements or settlements that are not specific to a particular claim, or if there is a particular reason the claim cannot be submitted as a TED record.

G.11.7.2. If a manual payment is requested, the request shall include detailed information on the claims including the claim itself, documents supporting the claims, the calculation of how much is owed and a statement as to why the claim could not be handled through normal, automated processes.

G.11.8. Voided, Stale dated, or Replacement Checks/EFTS.

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G.11.9.1. Voided and Staledated Checks.

G.11.9.1.1. For payments that are voided or staledated that are over \$10, a credit voucher through TEDs must be processed in accordance with the standards detailed in the TOM, Chapter 1, Section 3. If the check was issued as a manual voucher, the credit should be submitted as a similar manual voucher. The only exception to issuing a credit voucher would be staledates under \$10.00.

G.11.9.1.2. For voided/staledated payments of \$10.00 or less, the Contractor may elect either to:

- Affect a credit voucher for the check using automated means, or
- Instead of making a voucher transaction, a memorandum record shall be prepared and included on a listing of transactions as submitted monthly in the TPHARM Bank Account Reconciliation Report.

G.11.9.2. Replacement of Pharmacy Benefit Payments.

G.11.9.2.1. Reissuance of payments will be made against the current fiscal year bank account in use at the time of the reissuance.

G.11.9.2.2. Replacement payments may be issued upon request of the payee or authorized representative. If the check is not returned by the payee, the payee must provide a statement describing the loss or destruction of the check. Before a replacement check is issued, a stop payment order for the original check must have been issued and accepted by the bank.

G.11.9.2.3. The Contractor shall report the reissuance using the same procedure as was used to void/staledate the original (i.e. on a TED or on a manual approval).

G.11.9.2.4. If the reissuance is for a check that cannot be done as a TED record and a void was already reported to CRM, the Contractor shall submit a request for approval of check release to TMA/CRM within 10 workdays of the request by payee. Supporting documentation shall include the original check, the sponsor's SSN, branch of service, a copy of the EOB or other documentation showing the computation, and, if needed, a statement as described in G.11.9.2.2. above.

G.11.9.2.4.1. If no credit voucher was reported to TMA in the voiding/staledating of the check, no credit voucher is required for the reissue (i.e. if the Contractor gets a returned check and immediately reissues from the same bank account, no TED or other voucher needs to be done). If the reissuance involves a check from a prior year, a TED or other voucher will need to be done to report the reissuance from the current year as well as a void for the original check.

G.11.9.2.4.2. If the amount of a staledated/voided check to be reissued is \$10.00 or less, the Contractor shall use the same procedure in the reissuance as was used for the staledating. If no credit voucher was made in the staledating of the check, no credit voucher is required for the reissue. The Contractor shall reissue the payment and include the amount in the Pharmacy Bank Account Reconciliation Report.

G.11.9.2.5. Re-issuance of checks When Original Payee is deceased: Checks/EFTs issued by the Contractor shall be made payable to the legal representative of the estate of the person concerned with an additional line stating "For the estate of ____." Checks shall not be payable to the "estate of" a decedent, nor to a deceased person. Checks shall be delivered to the named payee or mailed to the payee's address of record.

G.11.10. Adjustments to Pharmacy Benefit Payments.

SECTION G
CONTRACT ADMINISTRATION DATA

G.11.10.1. If an underpayment of a claim occurs, the Contractor shall determine the amount of the underpayment, and pay any additional payment with the next group of payments issued from the current fiscal year bank accounts. Payments will be reported as an adjustment to the initial TED record, but in the current fiscal year, regardless of the fiscal year of the original payment.

G.11.10.2. If an overpayment occurs, the Contractor shall follow recoupment procedures specified in the TOM, Chapter 10, to include offsetting overpayments against future payments. Collections, whether cash or offset, shall be shown as separate credit transactions as an adjustment to the initial TED record. Debts established under this paragraph and related transactions shall be reported on the monthly Accounts Receivable Report (CDRL M140).

G.11.11. Financial Editing of Detail Claims Data for Pharmacy Claims.

G.11.11.1. The TED system allows for the categorization of claim errors based on the type or classification error failed during the edit process. TMA will use the edits specified in the TSM, Chapter 2, Section 8.1, Financial Edits, to determine the propriety of payments. TED records that fail the Financial Edits specified in the TSM, Chapter 2, Section 8.1 will be “flagged” by TMA as inadequate payment information.

G.11.11.2. The Contractor shall correct the claims flagged by TMA within 90 calendar days. If not corrected in 90 calendar days, TMA will send a demand letter requiring resolution or reimbursement for all claims identified through TEDs as edit failures. The Contractor shall respond within 30 calendar days as to why the claim(s) in question cannot be corrected.

G.11.11.3. If resolution cannot be reached between TMA and the Contractor, the total amount of improper payments still in dispute will be collected by TMA.

G.11.11.4. The Contractor shall take no recourse against TRICARE beneficiaries or providers under the situations described in this paragraph without prior TMA approval.

G.11.12. Federal Fiscal Year End Processing of Pharmacy Bank Accounts.

G.11.12.1. The Contractor shall establish a separate bank account for each new Government fiscal year. All payments issued for benefit payments and all refunds received shall be processed against the new account effective the first day of the new fiscal year. The Contractor shall also transfer all recoupment installment payments to the new account from the previous year’s account.

G.11.12.2. Cash drawdowns against the prior fiscal year’s bank account may continue, if required, until all payments from the prior year have either cleared or have been canceled, but no longer than the end of February of the following year or five months after the last payments have been issued on an account (in the case of a contract closeout).

G.11.12.3. Bank accounts shall be closed no later than the end of February, following the fiscal year end, or one month after the last payment on an account has been cashed, staledated, or been voided. A final bank account reconciliation shall be made within 30 calendar days following the last authorized transactions. All transactions that were not previously approved by TMA/CRM shall be explained with supporting documentation on the final bank reconciliation report (CDRL M130). TMA reserves the right to not accept these transactions.

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G.11.12.4. Any outstanding balance in the account shall be reimbursed to TMA no later than the required submission date of the final bank account reconciliation. This balance may be subject to interest if it includes overdrawn amounts that were required to be submitted at an earlier date.

G.11.13. Federal Fiscal Year End Processing of TEDs.

G.11.13.1. All TED data shall be received no later than 10:00 AM ET, (8:00 AM MTN; 7:00 AM PT) on September 28. Any Batch/Voucher received after 10:00 AM ET will be rejected by TMA and must be resubmitted by the Contractor using next fiscal year Batch/Voucher CLIN/ASAP Account Number(s). The Contractor will not submit batch/vouchers with dates of September 29 and September 30. Any payment processed after September 28th, must use the next fiscal year Batch/Voucher CLIN/ASAP Account Numbers and must utilize the new fiscal year check stock, as applicable. The Contractor shall not submit Batch/Vouchers to TMA between Sept 28 10:00 AM Eastern Time and Oct 1, 12:01 AM Eastern Time.

G.11.13.2. All payments not included in the Contractor's final fiscal year data submission on September 28 must have a Batch/Voucher Date on or after October 1. Contractors will be able to test their new fiscal year's transactions in benchmark starting September 1. Like production, benchmark data must be received at TMA by 10AM ET on September 28. Between 10 AM Eastern Time on September 28 and 12:01AM Eastern Time on October 1 no benchmark data can be transmitted to TMA.

(End of Section G)

SECTION H
SPECIAL CONTRACT REQUIREMENTS

H.1. Retail Network Cost Control Incentive (CLINS X016)

H.1.1. The following table, Retail Network Reimbursement Table H-1, contains the "Guaranteed Average Price Adjustment Percentage" for the Wholesale Acquisition Cost (WAC) and Average Wholesale Price (AWP), and "Guaranteed Average Dispensing Fee" guaranteed by the Contractor and accepted by the Government for prescriptions for brand, generic, and specialty drug categories for each respective option period. (Note: X in CLIN designation, means same CLIN all option periods)

Retail Network Reimbursement Table H-1 For Use in Determining Incentives						
Option Period	Type of Rx	Pricing Basis	Guaranteed Average Price Adjustment Percentage		Guaranteed Average Dispensing Fee	
1	Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
1	Generic	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
1	Specialty Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
1	Specialty Generic	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
2	Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
2	Generic	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
2	Specialty Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
2	Specialty Generic	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
3	Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
3	Generic	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
3	Specialty Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
3	Specialty Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
4	Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
4	Generic	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
4	Specialty Brand	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)
4	Specialty Generic	WAC		(b) (4)	\$	(b) (4)
		AWP		(b) (4)	\$	(b) (4)

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SPECIAL CONTRACT REQUIREMENTS

Retail Network Reimbursement Table H-1 For Use in Determining Incentives Continued					
Option Period	Type of Rx	Pricing Basis	Guaranteed Average Price Adjustment Percentage		Guaranteed Average Dispensing Fee
5	Brand	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
5	Generic	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
5	Specialty Brand	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
5	Specialty Generic	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
6	Brand	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
6	Generic	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
6	Specialty Brand	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
6	Specialty Generic	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
7	Brand	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
7	Generic	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
7	Specialty Brand	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
7	Specialty Generic	WAC	(b) (4)		\$ (b) (4)
		AWP	(b) (4)		\$ (b) (4)
		Note for Retail Network Reimbursement Table H-1 Each applicable "Guaranteed Average Price Adjustment Percentage" and "Guaranteed Average Dispensing Fee" in this table will be used for the calculations described below.			

Subject to paragraph H.1.3 and H.1.4. below, the Contractor may earn a performance incentive if the total actual retail network reimbursement cost to the Government during each contract option period is less than the "Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs" that would have resulted from applying the Guaranteed Average Price Adjustment Percentage and the Guaranteed Average Dispensing Fee per prescription to the prescriptions filled in the retail network during the contract option period. The Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs will be calculated by first applying the WAC price published by First DataBank (FDB) that is in effect at the time the prescription transaction is processed during the option period, as reflected in the Government's Pharmacy Data Transaction Service (PDTs), then adjusting the WAC price by applying the applicable WAC "Guaranteed Average Price Adjustment Percentage" at table H-1. Next, for prescriptions for which no WAC price published by First DataBank (FDB) is available at the time the prescription transaction is processed

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during the option period, as reflected in the Government's PDTS: apply the AWP rates published by Medispan that are in effect at the time the prescription transaction is processed during the option period, as reflected in the Government's PDTS, then adjust the AWP price by applying the applicable AWP "Guaranteed Average Price Adjustment Percentage" at table H-1. Finally, add the applicable "Guaranteed Average Dispensing Fee" specified in Table H-1 for each retail network prescription processed during the option period, as reflected in the Government's PDTS.

The incentive will equal 10% of the difference between the total actual retail network reimbursement cost processed during the option period, as reflected in the Government's PDTS, and the Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs. For example, if in any option period the Contractor's Guaranteed Average Price Adjustment Percentage and the Guaranteed Average Dispensing Fee per prescription result in a Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs of \$5 billion, and the actual cost to the Government was \$4.95 billion, the Contractor would be eligible for an incentive fee of \$5 million (10% of the savings of \$50 million) for that option period. The amount of the incentive that the Contractor may earn is not limited.

H.1.2. In the event the total actual retail network reimbursement cost in a contract option period exceeds the Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs that would have resulted from applying the Guaranteed Average Price Adjustment Percentage and the Guaranteed Average Dispensing Fee per prescription to the prescription transaction processed to completion during the contract option period, the difference between the actual costs and the Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs will be recouped by the Government for that option period. For example, if in any option period the Contractor's Guaranteed Average Price Adjustment Percentage and the Guaranteed Average Dispensing Fee per prescription result in a Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs of \$5 billion, and the actual cost to the Government was \$5.01 billion, the Government would recoup the amount of \$10 million (the entire difference) for that option period from the Contractor.

H.1.3. No performance incentive referenced in paragraph H.1.1 will be paid to the Contractor for any option period in which the Contractor does not meet or exceed all four retail network access standards for a minimum of 11 months. The Department of Veterans Affairs (DVA), Public Health Service, and Indian Health Service pharmacies will not be included in retail network access calculations for incentive eligibility determination.

H.1.4. Coordination of benefits claims, DVA claims, Medicaid claims, Public Health Service claims, Indian Health Service claims, non-network claims, vaccines administered by retail network pharmacies, and prescriptions for supplies and compounded medications will not be included in the calculation for the performance incentive or guarantee recoupment calculation.

H.1.5. The Government's Pharmacy Data Transaction Service (PDTS), or any successor system will accumulate reimbursement data from all retail network pharmacy transactions. PDTS will be the sole data source for calculating the total actual retail network reimbursement cost, calculating the Total Expected Government Cost for Reimbursement of Retail Network Pharmacy Costs, and calculating the amounts of any performance incentive or any guarantee recoupment. The Government will measure and calculate the incentive amount after each option period and will notify the Contractor of the results. If the Contractor earns a performance incentive, the Contracting Officer will provide invoice and payment instructions upon verification sufficient funding is obligated on the Retail Network Cost Control Incentive line item in Section B.

H.2. Additional Financial Incentives

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H.2.1. Incentive for Savings on High Cost Medications (CLINS X017)

H.2.1.1. For high cost medications designated by the Government for the purpose of this incentive, the Contractor will receive a performance incentive equal to 10% of the cost savings realized by the Government when the Contractor influences and facilitates or otherwise initiates action that results in a beneficiary's transfer of their prescription from a retail network pharmacy to the mail order pharmacy. The total incentive amount the Contractor may earn over the period of performance is limited only by the number of successful transfers influenced by the Contractor. To be eligible for this incentive, the Contractor must demonstrate that a retail prescription was filled at a network retail pharmacy within the past 120 days and document how the Contractor assisted the beneficiary in moving the medication to the mail order pharmacy. Qualifying initiatives and methods of assistance in moving prescriptions to mail order will be solely determined by the Government based on the level the Contractor demonstrates it influenced the transfer to mail order. The amount of the incentive will be based on the actual ingredient cost of the medication for the most recent claim processed for that beneficiary at the retail network pharmacy and the ingredient cost of the medication for the first mail order fulfilled for that beneficiary at the mail order pharmacy. The cost per 1 day supply at each point of service will then be determined and the incentive amount calculated by the Contractor based on the day supply dispensed at the mail order pharmacy. The Contractor will earn a performance incentive one time based on the savings between the most recent prescription filled at retail and the first fill at mail order. The Contractor will not receive a performance incentive for subsequent refills at mail order for the same prescription and beneficiary. For example, if the retail fill has an ingredient cost of \$1,200 for a 30 day supply, the daily cost of the medication would be $\$1200/30 = \40 . If the medication was dispensed at mail with an ingredient cost of \$2000 for a 90 supply, the daily cost at retail would be used to calculate the cost of the same 90-day supply at retail, $\$40 \times 90 = \3600 . The cost savings for the medication for mail orders would be $\$3600 - \$2000 = \$1600$. The Contractor's performance incentive would equal $1600 \times 10\% = \$160$.

H.2.1.2. The Contractor is not eligible to receive the standard mail order transfer incentive fee described under H.2.2 for medications designated as a high cost medication for the purpose of this incentive.

H.2.1.3. The list of high cost medications will designate high cost medications for the purpose of this incentive. This list is expected to change from time to time at the discretion of the Government and will be provided to the Contractor upon revision. The retail ingredient cost of the medication will be as submitted to the Contractor by the retail pharmacy. The mail order ingredient cost to the Government is based on the medical pricing catalog. All calculations will be based on the Contractor's claims data to PDTs. The Contractor shall submit its calculation of the incentive amount with supporting data, and its documented demonstration of the Contractor's actions resulting in transfers from retail to mail order four times per option period for the preceding three months. Based on the Contractor's submittal, the Government will verify ingredient costs and make the final determination of the performance incentive amount earned by the Contractor considering the Contractor's documentation. The performance incentive amount is final upon notification by the Contracting Officer. The Contracting Officer will provide invoice and payment instructions upon verification sufficient funding is obligated on the applicable High Cost Medication Incentive line item. The Government's assessment of the Contractor's submittal will be shared with the Contractor upon request. The Government reserves the right to review, audit, or validate the Contractor's system, written processes, and adherence to those processes at any time in order to validate or determine the acceptability of the Contractor's measurement and calculations.

H.2.2. Transfer New Retail Prescription to MOP or MTF Incentives (X018, X019, X020 & X021)

The Contractor will receive a performance incentive for each new prescription, which due to the Contractor's efforts and coordination, is successfully transferred from a retail pharmacy to the mail order

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pharmacy, or to the beneficiary's designated MTF Pharmacy. The Contractor shall receive this incentive one time per beneficiary/drug. The total incentive amount the Contractor may earn over the period of performance is limited only by the number of successful transfers made by the Contractor.

H.2.2.1. The Contractor will only be paid for successful conversions; the Contractor will not be paid for unsuccessful conversions. The following conditions are required for a transfer to be considered successful:

- 1) The Contractor must have a record of the prescription being filled at network retail pharmacy within the prior 60 days;
- 2) The Contractor must have contacted the prescriber to obtain a new prescription for TMOP or MTF to be eligible for the incentive;
- 3) The Contractor must have completed the transfer within 21 days of beneficiary authorization; and
- 4) The beneficiary must have filled the medication at the point of service to which the Contractor facilitated the transfer.

The Contractor shall provide reporting (CDRL Q140) on the number of transfers performed. Upon request, the Contractor shall provide additional documentation to the government that the above criteria have been met for all transfers.

H.2.2.2. This incentive shall be assessed subsequent to each contract quarter. The Contracting Officer will make a final and unilateral decision regarding the incentive to be paid; based on the Contractor's report and verifying whether the eligibility requirements have been met. The Contracting Officer will provide invoice and payment instructions upon verifying that sufficient funding is obligated on:

- Transfer New Retail Prescription to MOP Incentive CLINs
- Transfer New Retail Prescription to MTF Incentive CLINs

H.2.3. Market Price Generic (MPG) Drug Dispensed at MOP Savings Incentive

The Contractor shall earn a performance incentive for demonstrated savings to the Government equaling 10% of the savings for each of the Contractor's MPG recommendations implemented at TMOP. Savings is defined as the difference between the unit price(s) for the NDC specified in the offer under C.7.11.2.1. as listed on the MMC (in effect at the time a prescription was dispensed), compared to the unit price of the MPG recommended NDC actually dispensed; times the quantity of the NDC was dispensed during a given option period. If MMC prices for the drug in question have changed during the option period, savings will be measured correspondingly. For example, if MMC unit price for that drug is \$1.00 during the first two (2) months of an option period, but increases to \$1.10 for the final 10 months; and the MPG price for the same drug remains \$0.50 throughout, the savings is \$7.00 = (2x (\$1.00-\$0.50)) + (10 x (\$1.10-\$0.50)) and the resulting incentive of \$0.70 to the Contractor.

- If the savings generated by a particular offer is calculated to be negative, no incentive will apply for that offer.
- If the Contractor is unable to meet the terms of the recommendation as accepted by the Government, the incentive will not apply.
- This incentive will be calculated and settled on a quarterly basis along with reimbursement for all MPG recommendations fully dispensed in the preceding quarter.

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H.3. Performance Guarantees

The performance guarantees described in this section is the Contractor's guarantee that the Contractor's performance will not be less than the performance standards described below. Each standard is guaranteed, measured, and assessed separately from contract standards specified in Section C and the referenced TRICARE Manuals. All self-reported Contractor data utilized in the assessment of performance relative to contract standards and performance guarantees is subject to review by the Government. The rights of the Government and remedies described in the performance guarantee section are in addition to all other rights and remedies of the Government.

H.3.1. For each occurrence the Contractor fails to meet each guaranteed standard, the Government will withhold payment from the Contractor the amount listed in the schedule below. Performance guarantee withholds will continue until the Contractor's performance improves to meet or exceed the standard. Performance will be measured as specified below. The Contractor will be notified of withholds accumulated and assessed subsequent to each contract quarter. For the purposes of section H.3, the term "performance standard" is defined as the standard specified in this section. If it is determined that the performance standard was not met, then the performance guarantee withhold will be applied against the actual level of performance. Each standard will be measured and assessed independently.

For administrative purposes, the Contractor will be notified of performance guarantee withholds on a quarterly basis via a unilateral modification in accordance with FAR 43.103(b)(3) with this section as the cited authority for the modification. Unless arrangements are made otherwise, withholds will be made from the next available contract payment under any line item at discretion of the Government. Total performance guarantees assessed under this subsection (except for TED Edit Accuracy) for any option period shall not exceed \$2,000,000. There will be no cap on performance guarantee withholds for TED edit accuracy.

H.3.2. Mail Order Pharmacy Prescription Processing

Standard: 100% of mail order prescriptions shall be shipped, scheduled for delivery, returned, pended or denied 10 calendar days from receipt, reported monthly. Prescriptions under the Deployment Prescription Program that require clarifications or intervention will not be included in the calculation of mail order pharmacy processing time, but are subject to the requirements of C.7.10.

Withhold: \$100,000 each full calendar month the standard is not met.

Measurement: Calendar month. Contractor report.

H.3.3. System Availability

Standard: The Contractor's Net Operating Time shall be greater than or equal to 99.5% of the TPharm Operating Time.

Withhold: \$100,000 each full calendar month the standard is not met.

Measurement: Time measured in minutes per calendar month. Self-reported by the Contractor.

H.3.4. DMR Claims Processing

Standard: (b) (4)% of DMR claims shall be processed to completion with 14 calendar days of receipt.

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Withhold: \$100,000 each full calendar month the standard is not met.

Measurement: Calendar month. Contractor report.

H.3.5. Clinical Review Processing

Standard: ^{(b) (4)} % of all clinical reviews shall be completed and notification sent to the beneficiary within 5 calendar days of receipt of a properly completed request, measured monthly.

Withhold: \$100,000 each full calendar month the standard is not met.

Measurement: Calendar month. Contractor report.

H.3.6. Telephone Service

Standard: Measured on a monthly basis, all beneficiary services calls received shall be transferred to a Beneficiary Service Representative (BSR) with an Average Speed of Answer (ASA) of not more than 30 seconds after the caller has selected the option to speak to a BSR.

Withhold: \$100,000 each full calendar month the standard is not met.

Measurement: Calendar month. Contractor report.

H.3.7. Correspondence Processing

Standard: Measured on a monthly basis, not less than 95% of priority correspondence will be processed to completion within 10 calendar days. Priority correspondence is defined in TOM Chapter 23, Section 4, paragraph 1.1.

Withhold: \$100,000 each full calendar month the standard is not met.

Measurement: Calendar month. Contractor report.

H.3.8. TED Edit Accuracy (TOM Chapter 1)

Standard: TED edit accuracy will be measured on a monthly basis. The accuracy rate for TED edits shall be:

- 95% after six months of performance (i.e. during months 7 - 9 of OP1);
- 99 % in the tenth month of operation and all months thereafter.

Withhold: If the Contractor fails to meet the standard and falls below the standard, a performance guarantee amount of \$1.00 for each TED record not meeting the standard will be withheld. For example, if only 93.3% of all TEDs pass edits for each of months seven, eight, and nine, then a performance guarantee amount will be applied to 1.7% of all TEDs submitted during the period (1.7% equals the difference between the Contractor's actual performance and the standard in this example). If 1.7% equates to 153,000 TED records, the performance guarantee withhold amount will be \$153,000.00 (i.e., 153,000 x \$1.00).

Method: The number of TEDs failing to meet the standard will be determined each calendar month by the Government based on the TMA TED database.

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H.4. Claims Auditing Sampling Methodology and Error Determinations

The Government will conduct quarterly retrospective claim reviews of TRICARE pharmacy claims data. The audit will look for payment errors, occurrence errors, and process errors. Results from claim reviews will be used to determine the Contractor's conformance to claims processing performance standards as indicated in H.4.7.

Error types are as follows:

- Payment errors are the amount of over/under payments on a claim.
- Occurrence errors result from an incorrect entry in any data field of the TED.
- Process errors are payment errors with post payment actions that substantiate the initial processing decision. The payment error will be removed but the process error will remain.
- Documentation errors are missing or invalid documentation which impact the audit process or indicate a situation of contractual noncompliance which is identified during the audit.

H.4.1. Sampling Methodology

H.4.1.1. There will be a separate payment and occurrence review. There are three categories of claims: electronic retail claims, paper pharmacy claims, denied payment for paper claims. Payment and occurrence samples shall be drawn from TED records which pass all TMA edits during the prior three months. Individual TED records within batches/vouchers which fail TRICARE edits or which are otherwise not valid for processing as submitted by the Contractor will not be included in the sampling frame. Records to be sampled for both the occurrence and payment claim reviews will be “net” records (i.e. the sum of transaction records available at the time the sample was drawn related to the initial transaction record).

H.4.1.2. Stratified random sampling is the preferred sampling method for each claim category to determine the overall payment error amount. The number of strata and strata boundary points will be optimally determined and may vary by sample based on the composition of the data and applicable analysis. Sample means will be used as point estimates of payment and occurrence errors. A 100% review of claims above a high-dollar threshold will be conducted. The Government reserves the right to exclude from reviews claims below a low-dollar threshold. The low-dollar and high-dollar thresholds may vary by claim category and review period.

H.4.1.3. For occurrence samples, there will be a simple random sample of claims from each sample category. The occurrence sample claims will not duplicate any claim already drawn in another claim category.

H.4.2. Contractor Documentation

H.4.2.1. Upon receipt of the TEDs Internal Control Number (ICN) listing from TMA, the Contractor shall retrieve and compile processing documentation and history files for each selected TED record/claim. All documentation must be received at TMA or designated claims review Contractor within forty-five (45) calendar days from the date of the TMA letter transmitting the ICN listing.

H.4.2.2. Based on mutual agreement between the Contractor, the designated claims review Contractor, and the Government, documentation can be provided in a mutually agreed upon electronic file format (i.e. DVD/DVR, .pdf, .doc, etc). The Contractor shall submit via registered mail, certified mail, or similarly

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guaranteed delivery service one legible copy of all pertinent claims documentation that demonstrates accurate claims processing. Screen shots shall be provided for any documentation where original materials do not exist (e.g., e-prescriptions, notes from call center logs, prior authorization/medical necessity reviews, etc.). Payment or occurrence errors will be assessed if a claim is selected for audit and the Contractor cannot produce the claim or the claim provided is not legible and therefore not auditable. The Contractor has the option of submitting the original document in those cases where the copy is not legible. TMA or designated audit Contractor will return the original document(s) upon completion of the audit process.

H.4.2.3. For each review, the Contractor will provide types of documentation such as the following:

- Claim related correspondence when attached to the claim or related to the adjudication action (e.g., development records, pharmacy receipts);
- Medical necessity or prior authorization records;
- Other health insurance (OHI) documents;
- Drug pricing including Maximum Allowable Charge, Average Wholesale Price, and or discount rate (network rate)
- Preferred Product Indicator;
- Network Status;
- Dispensing Fee Data;
- Copy of the Explanation of Benefit (EOB) or Explanation of Payment (EOP) for each claim selected;
- Any additional documentation not specifically identified above that supports the Contractors adjudication of the selected claim.

H.4.2.4. The Contractor may provide an initial set of documents explaining any pertinent data field /document for supporting claims adjudication. Updated documents can be provided as revisions occur. Examples include:

- Benefit design document
- Adjudication rules (duplicate screening, refill too soon criteria, administrative overrides)
- Document/screen shot explanations
- Description of data elements by field position in beneficiary history file printout
- Field definitions for pricing and pricing logic

H.4.2.5. The Contractor shall send beneficiary history (15 to 27 months) for each claim selected for review. Documentation for any claim selected with adjustment transactions completed prior to the date of the sample must include the documentation to indicate both initial and adjustment processing actions.

H.4.2.6. For any pharmacy service that does not have a valid reason for submitting a TED record, as defined in the TRICARE Systems Manual (TSM), a 100 percent payment error based on the total billed amount will be assessed. This condition is considered to be an unsupported TED.

H.4.3. Payment and Process Error Determinations

H.4.3.1. Payment errors are the amount of over/under payments on a claim, including but not limited to a payment in the correct amount but sent to the wrong payee, denial of a payable claim, misapplication of the cost-share/co-pay/deductible, payment of a non-covered drug, etc. There are two categories of payment errors: (1) a payment error which cannot be removed with post payment processing actions; and (2) a payment error which can be removed with post payment processing actions.

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H.4.3.2. Payment errors which can be removed with post payment actions that substantiate the initial processing decision will be removed from payment error rate but the process error will remain. Process errors are noncompliance with a required procedure or process, such as development required but not performed or medical necessity review required but not evident and are cited in conjunction with a payment error. Claims containing process errors will not affect payment or occurrence error rates, but will be used as a performance indicator.

H.4.3.3. Payment errors which cannot be removed with post payment actions are based only on the claim information available up to the date the review sample is pulled. Consideration will be given to subsequent processing actions that occur prior to the date the review sample is pulled, including actions that have not passed the TMA TED edits, only if supporting documentation to indicate the action taken and the date the action was completed is submitted with review documentation. Adjustment transactions are not allowed on claim denials, therefore, subsequent reprocessing actions to a denied claim which occurs prior to the date the audit sample is pulled will be considered during the audit. Subsequent processing actions after the date the review sample is pulled will not be considered in the audit regardless of whether resolution of a payment error exists.

H.4.3.4. The following are payment errors on which post payment actions are either not applicable or would not remove the payment errors assessed.

- 04K - Cost-share / Deductible Error
- 07K - Duplicate Services Paid
- 08K - Eligibility Determination — Patient
- 09K - Eligibility Determination — Provider
- 13K - OHI/TPL — Govt. Pay Miscalculated
- 14K - OHI Payment Omitted
- 15K - Payee Wrong – Patient/Sponsor
- 16K - Payee Wrong- Provider
- 18K - Pricing Incorrect
- 19K - Procedure Code Incorrect
- 20K - Signature Error
- 24K - Incorrect Benefit Determination
- 25K - Claim Not Provided
- 26K - Claim Not Auditable

H.4.3.5. The following are payment errors on which post-payment actions may support original processing. On rebuttal, if documentation is provided that supports the processing actions, the payment errors could be removed but the process errors would remain.

- 01K – Authorization/Pre-authorization Needed
- 02K - Unsupported Benefit Determination
- 03K - Billed Amount Incorrect
- 05K – Development Claim Denied Prematurely
- 06K - Development Required
- 10K - Medical Emergency Not Substantiated
- 11K - Medical Necessity/Review Not Evident
- 21K - Timely-Filing Error
- 99K - Other: This payment error is very general and claims would have to be reviewed on an individual basis with regard to post-payment actions.

H.4.3.6. Upon rebuttal, if the procedure/process is followed to conclusion and the actions support the

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original decision, the payment error will be removed but the procedural/process error will remain.

- 01P - Authorization/Preauthorization needed
- 02P - Unsupported Benefit Determinations
- 05P - Development Claim Denied Prematurely
- 06P - Development Required
- 10P - Medical Emergency Not Substantiated
- 11P - Medical Necessity/Review Not Evident
- 21P - Timely Filing Error
- 23P - Contract Jurisdiction Error
- 99P - Other

H.4.4. Occurrence Error Determination

H.4.4.1. Occurrence error determinations are based on only the claim information available and those processing actions taken at the time the sample is drawn. Actions and determinations occurring subsequent to the processed date of an audited claim, such as obtaining other health insurance documentation, adjusting a claim to correct financial or other data fields, or developing for required information not obtained prior to processing, are not a consideration of the audit regardless of whether a resolution of the incorrectly coded TED results.

H.4.4.2. Occurrence errors result from an incorrect entry in any data field of the TED. There are no exceptions. Any error, including errors in financial fields, shall be counted as occurrence errors. Some TED error conditions are not attributable to any one specific data field but apply to the record as a whole or to certain parts of the record. In addition to erroneous data field coding error conditions involving incorrect or unsupported records will result in occurrence errors being assessed. All incorrectly coded financial fields on a TED are considered to be occurrence errors regardless of whether associated errors exists.

H.4.4.3. The following are occurrence error categories and codes. All TED record occurrence errors, including errors in financial fields, are counted and the error rate is expressed as a percentage of the total number of data fields in the TED record.

Error Codes	Error Condition Specific to Claim	Number of Errors
01J	Unlike Procedures/Providers Combined (Non-institutional Record)	7 errors for each additional utilization data set*
03J	Services Should Be Combined	1 error for each additional revenue code/utilization data set
04J	Missing Non-Institutional Utilization Data Set	7 errors for each missing data set*
05J	Extra Non-Institutional Utilization Data Set	7 errors for each extra data set*
08J	Incorrect Record Type	5 errors
09J	Separate TED Record Required	1 error
10J	Claim Not Proved for Audit	1 error plus 1 error for each revenue code utilization data set in the TED
11J	Claim Not Auditable	1 error plus 1 error for each revenue code utilization data set in the TED
12J	Unsupported TED Transaction	1 error plus 1 error for each revenue code utilization data set in the TED

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* Not to exceed 21 errors for combination of these error conditions.

H.4.5. Documentation Errors

H.4.5.1. The following are documentation errors which can be assessed in conjunction with a payment or occurrence error. These errors are neither occurrence errors nor payment errors and are not used to calculate the occurrence or payment error rates. “L” errors are used to document and report the Contractor’s documentation problems which impact the audit process or indicate a situation of contractual noncompliance which is identified during the audit.

- 01L – Audit Documentation Incomplete
- 02L – Audit Documentation Illegible
- 03L – Documentation Submitted Late
- 04L – EOB/EOP Incorrect
- 05L – NAS Questionable
- 06L – Error in Claim History
- 08L – Erroneous Claim Split
- 09L – Erroneous TED Record Split
- 10L – Adjustment – No Authorizing Official
- 11L – Contract Jurisdiction Error

H.4.6. Rebuttals

H.4.6.1. The Contractor’s rebuttal of initial payment and occurrence error findings must be submitted to TMA or the designated claims review Contractor within thirty (30) calendar days of the date of the TMA initial payment and occurrence error transmittal. Rebuttal comments that are not received, or postmarked within thirty (30) calendar days of TMA’s transmittal letter will be excluded from further consideration. The post-rebuttal error determination(s) by TMA are final and will not receive further consideration except when during the rebuttal process the Contractor submits a claim not previously submitted with the initial claims review process and an error is assessed on rebuttal; or when the Contractor’s rebuttal explanation of the basis on which a claim was processed results in the assessment of a new error not previously reviewed by the Contractor-

H.4.6.2. The Contractor’s rebuttal of any new errors assessed by TMA or the designated claims review Contractor during the rebuttal process must be postmarked within thirty (30) calendar days of the TMA or designated claims review Contractor’s rebuttal transmittal letter. Rebuttals to new errors not postmarked within thirty (30) calendar days from the date of the rebuttal transmittal letter will be excluded from further consideration. The due date of rebuttal comments will be calculated by adding thirty (30) to the Julian calendar date of the TMA or designated claims review Contractor’s rebuttal response letter.

H.4.7. Error Rates

H.4.7.1. Claims Payment Error Rate

Standard: The absolute value of the payment errors for sampled TED records, measured quarterly is 0.5% for electronic retail pharmacy claims, and 2% for DMR/paper retail claims.

Measurement: The sample payment error rate is the total absolute value of the payment error divided by the total billed amount (of the sample) multiplied by 100. Error rates will be calculated separately for each of the three categories (electronic retail claims, paper pharmacy claims, denied payment for paper

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claims); however, the error rate for paper claims will be the sum of paper pharmacy claims and denied payment of paper claims identified in H.4.1.1.

H.4.7.2. Occurrence Error Rate

Standard: The standard for occurrence errors for sampled TED records, measured quarterly is 3%.

Measurement: The TED occurrence error rate is the total number of errors divided by the total number of data fields in the sample times 100.

H.4.8. Low Dollar Audits

Effective May 15, 2018, the Contractor shall support low dollar audits for the purpose of demonstrating agency compliance with PL 107-300, “Improper Payments Information Act of 2002,” as amended by PL 111-204, “Improper Payments Elimination and Recovery Act of 2010,” (IPERA). These laws require all government agencies to identify, report, and recover improper payments and to report these improper payment findings to the Office of Management and Budget (OMB) for publication annually in the DoD Agency Financial Report (AFR).

With respect to documentation required and the method of document submittal, low dollar audits shall be performed in a manner generally consistent with requirements in H.4.1. – H.4.3. However, Low Dollar Audits will differ from the quarterly retrospective reviews of TRICARE pharmacy claims as follows:

H.4.8.1. Low dollar audits are focused on payment errors only; they will not address occurrence errors, or process errors.

H.4.8.2. Sampling. The Government will draw samples consistent with H.4.1.1., but each will be limited electronic retail claims and paper pharmacy claims in amounts of \$30.00, or less. The Government will provide an ICN listing for each sample. The sample size for each audit will be limited to no more than 400 claims. Each sample will contain claims from a single fiscal year.

H.4.8.2.1. Schedule and Delivery. The 45-day delivery requirement in H.4.2.1. is not applicable to these audits. The schedule for low dollar audits and their respective due dates are listed below.

<u>OP</u>	<u>FY CLs</u>	<u>ICN Date</u>	<u>Document Due Date</u>	<u>Est Complete Date</u>
OP4	FY17	Already Issued	NLT July 01, 2018	May 31, 2019
OP4	FY18	Dec 1, 2018	NLT Feb 28, 2019	Oct 31, 2019
OP5	FY19	Dec 1, 2019	NLT Feb 28, 2020	Oct 31, 2020
OP6	FY20	Dec 1, 2020	NLT Feb 28, 2021	Oct 31, 2021
OP7	FY 21	Dec 1, 2021	NLT Feb 28, 2022	Oct 31, 2022

H.4.8.2.2. Guidance in H.4.3.2. regarding the treatment of claims containing process errors is not applicable to these audits.

H.4.8.2.3. There is no expectation of a contractor rebuttal to initial error findings as described in H.4.6., consequently the guidance regarding payments errors codes listed in H.4.3.5. and H.4.3.6. are not applicable to these audits.

H.4.8.2.4. Guidance in H.4.4. regarding the treatment of claims containing occurrence errors is not applicable to these audits.

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H.4.8.2.5. Documentation errors will not be assessed as described in H.4.5. However the Contractor will promptly support any requests for additional information (documentation or Government inquiries) needed to clarify or explain the calculation of a final TRICARE billed amount. The Government's expectation is that no additional information for an audit would be requested subsequent to the Estimated Completion Date listed in H.4.8.2.1., however, the Government reserves the right to do so in extraordinary circumstances.

H.4.8.2.6. The standards set for payment and occurrence errors listed in H.4.7. are not applicable to these audits.

H.5. Covered DoD Officials

The Contractor is hereby notified that an actual or potential conflict of interest may exist with Covered DoD officials, as defined by DFARS 252.203-7000. In addition to the requirements of DFARS 252.203-7000, the Contractor must get approval from the Contracting Officer prior to the involvement of the covered DoD official in the performance of this contract or render the approval of a mitigation plan. Failure by the Contractor to comply may subject the Contractor to rescission of this contract, suspension, or debarment in accordance with 41 U.S.C. 423(e)(3).

H.6. Impaired Objectivity

The Contractor is responsible to prevent, avoid, or mitigate any situation where the Contractor may have potential performance conflicts of interests due to Contractor financial interests, multiple internal allegiance or impaired objectivity where the best interests of the Government could be compromised. This includes, but is not limited to, the Contractor's role as a fiscal intermediary and in its role in pursuing waste, fraud and abuse (TOM Chapter 13) involving retail pharmacies in which the Contractor has a financial interest. If situations that had not previously been addressed before award of the contract change or emerge after the award of this contract, and at any time during performance of the contract, the Contractor will immediately notify the Contracting Officer, in writing, of the nature of the actual or potential performance conflict. The Contractor shall submit a plan of action to the Contracting Officer within 30 days of notification, outlining the actions the Contractor has taken or proposes to take to avoid, neutralize, or mitigate the actual or potential performance conflicts of interest.

H.7. Third Party Information

It may become necessary in the performance of this contract to review proprietary information from other Contractors. The Contractor shall protect all proprietary information from unauthorized use or disclosure and refrain from using the information for any purpose other than that for which it was furnished. At the request of the other Contractor, or the Contracting Officer, the Contractor shall execute agreements with third party companies furnishing data in connection with work performed under this contract. Non-disclosure agreements should be completed by the Contractor, all employees, and subcontractors who obtain access to proprietary information. Safeguards shall be implemented to restrict access to proprietary information and to avoid, neutralize, or mitigate potential conflicts of interest.

H.8. Post Award Organizational Conflicts of Interest

The Contractor agrees that if an actual or potential organizational conflict of interest is discovered after the award of this contract and at any time during performance of the contract, the Contractor will

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immediately notify the Contracting Officer, in writing, of the nature of the actual or potential conflict. The Contractor shall submit a plan of action to the Contracting Officer within 30 days of notification, outlining the actions the Contractor has taken or proposes to take to avoid, neutralize, or mitigate the actual or potential organizational conflict of interest. The Government reserves the right, in case of a breach, misrepresentation or nondisclosure, to terminate this contract, disqualify the Contractor from subsequent related contractual efforts, or pursue any remedy permitted by law or this contract.

H.9. Indemnification

The Contractor agrees to be solely liable for and expressly agrees to indemnify the Government for the costs of defense and any liability resulting from services provided by the mail order pharmacy or a retail network pharmacy. The contractor further agrees to indemnify, defend and hold harmless TMA and the Government from any and all claims, judgments, costs, liabilities, damages and expenses, including attorney's fees, whatsoever, arising from any acts or omissions by the contractor or network pharmacy in providing services.

(End of Section H)

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52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://www.arnet.gov/>; <http://farsite.hill.af.mil/>; or <http://www.acq.osd.mil/dpap/dars/dfars/index.htm>

(End of Clause)

52.202-1 DEFINITIONS (NOV 2013)

(Reference 2.201)

52.203-3 GRATUITIES (APR 1984)

(Reference 3.202)

52.203-5 COVENANT AGAINST CONTINGENT FEES (APR 1984)

(Reference 3.404)

52.203-6 RESTRICTIONS ON SUBCONTRACTOR SALES TO THE GOVERNMENT (SEP 2006)

(Reference 3.503-2)

52.203-7 ANTI-KICKBACK PROCEDURES (OCT 2010)

(Reference 3.502-3)

52.203-8 CANCELLATION, RESCISSION, AND RECOVERY OF FUNDS FOR ILLEGAL OR IMPROPER ACTIVITY (JAN 1997)

(Reference 3.104-9)

52.203-10 PRICE OR FEE ADJUSTMENT FOR ILLEGAL OR IMPROPER ACTIVITY (JAN 1997)

(Reference 3.104-9)

52.203-12 LIMITATION ON PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (OCT 2010)

(Reference 3.808)

52.203-13 CONTRACTOR CODE OF BUSINESS ETHICS AND CONDUCT (APR 2010)

(Reference 3.1004)

52.203-17 CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (APR 2014)

(Reference 3.908-9)

52.204-4 PRINTED OR COPIED DOUBLE-SIDED ON POSTCONSUMER FIBER CONTENT PAPER (MAY 2011)

(Reference 4.303)

52.204-9 PERSONAL IDENTITY VERIFICATION OF CONTRACTOR PERSONNEL (JAN 2011)

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(Reference 4.1303)

52.204-10 REPORTING EXECUTIVE COMPENSATION AND FIRST-TIER SUBCONTRACT AWARDS (JUL 2013)

(Reference 4.1403(a))

52.204-13 SYSTEM FOR AWARD MANAGEMENT MAINTENANCE (JUL 2013)

(Reference 4.1105(b))

52.204-19 INCORPORATION BY REFERENCE OF REPRESENTATION AND CERTIFICATION (DEC 2014) (Reference 4.1202(b))

52.209-6 PROTECTING THE GOVERNMENT'S INTEREST WHEN SUBCONTRACTING WITH CONTRACTORS DEBARRED, SUSPENDED, OR PROPOSED FOR DEBARMENT (AUG 2013)

(Reference 9.409)

52.209-9 UPDATE TO PUBLICALLY AVAILABLE INFORMATION REGARDING RESPONSIBILITY MATTERS (FEB 2012)

(Reference 9.1047)

52.204-21 BASIC SAFEGUARDING OF COVERED CONTRACTOR INFORMATION SYSTEMS.

(Reference 4.1903)

(a) *Definitions.* As used in this clause—

“Covered contractor information system” means an information system that is owned or operated by a contractor that processes, stores, or transmits Federal contract information.

“Federal contract information” means information, not intended for public release, that is provided by or generated for the Government under a contract to develop or deliver a product or service to the Government, but not including information provided by the Government to the public (such as on public Web sites) or simple transactional information, such as necessary to process payments.

“Information” means any communication or representation of knowledge such as facts, data, or opinions, in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual (Committee on National Security Systems Instruction (CNSSI) 4009).

“Information system” means a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information (44 U.S.C. 3502).

“Safeguarding” means measures or controls that are prescribed to protect information systems.

(b) Safeguarding requirements and procedures.

(1) The Contractor shall apply the following basic safeguarding requirements and procedures to protect covered contractor information systems. Requirements and procedures for basic safeguarding of covered contractor information systems shall include, at a minimum, the following security controls:

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(i) Limit information system access to authorized users, processes acting on behalf of authorized users, or devices (including other information systems).

(ii) Limit information system access to the types of transactions and functions that authorized users are permitted to execute.

(iii) Verify and control/limit connections to and use of external information systems.

(iv) Control information posted or processed on publicly accessible information systems.

(v) Identify information system users, processes acting on behalf of users, or devices.

(vi) Authenticate (or verify) the identities of those users, processes, or devices, as a prerequisite to allowing access to organizational information systems.

(vii) Sanitize or destroy information system media containing Federal Contract Information before disposal or release for reuse.

(viii) Limit physical access to organizational information systems, equipment, and the respective operating environments to authorized individuals.

(ix) Escort visitors and monitor visitor activity; maintain audit logs of physical access; and control and manage physical access devices.

(x) Monitor, control, and protect organizational communications (i.e., information transmitted or received by organizational information systems) at the external boundaries and key internal boundaries of the information systems.

(xi) Implement subnetworks for publicly accessible system components that are physically or logically separated from internal networks.

(xii) Identify, report, and correct information and information system flaws in a timely manner.

(xiii) Provide protection from malicious code at appropriate locations within organizational information systems.

(xiv) Update malicious code protection mechanisms when new releases are available.

(xv) Perform periodic scans of the information system and real-time scans of files from external sources as files are downloaded, opened, or executed.

(2) *Other requirements.* This clause does not relieve the Contractor of any other specific safeguarding requirements specified by Federal agencies and departments relating to covered contractor information systems generally or other Federal safeguarding requirements for controlled unclassified information (CUI) as established by Executive Order 13556.

(c) *Subcontracts.* The Contractor shall include the substance of this clause, including this paragraph (c), in subcontracts under this contract (including subcontracts for the acquisition of commercial items, other than commercially available off-the-shelf items), in which the subcontractor may have Federal contract information residing in or transitioning through its information system.

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(End of clause)

**52.204-25 PROHIBITION ON CONTRACTING FOR CERTAIN TELECOMMUNICATIONS
AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT (AUG 2019)**

(Reference 4.2105(b))

52.210-1 MARKET RESEARCH (APR 2011)

(Reference 10.003)

52.211-15 DEFENSE PRIORITY AND ALLOCATION REQUIREMENTS (APR 2008)

(Reference 11.604)

52.215-2 AUDIT AND RECORDS, NEGOTIATION, Alt I (MAR 2009)

(Reference 15.209)

52.215-8 ORDER OF PRECEDENCE--UNIFORM CONTRACT FORMAT (OCT 1997)

(Reference 15.209)

**52.215-11 PRICE REDUCTION FOR DEFECTIVE COST OR PRICING DATA--
MODIFICATIONS (AUG 2011)**

(Reference 15.408)

52.215-13 SUBCONTRACTOR COST OR PRICING DATA--MODIFICATIONS (OCT 2010)

(Reference 15.408)

52.215-14 INTEGRITY OF UNIT PRICES (OCT 2010)

(Reference 15.408)

52.215-15 PENSION ADJUSTMENTS AND ASSET REVISIONS (OCT 2010)

(Reference 15.408)

**52.215-18 REVERSION OR ADJUSTMENT OF PLANS FOR POSTRETIREMENT BENEFITS
(PRB) OTHER THAN PENSIONS (JUL 2005)**

(Reference 15.408)

52.215-19 NOTIFICATION OF OWNERSHIP CHANGES (OCT 1997)

(Reference 15.408)

**52.215-21 REQUIREMENTS FOR COST OR PRICING DATA OR INFORMATION OTHER
THAN COST OR PRICING DATA – MODIFICATIONS (OCT 2010)**

(Reference 15.408)

52.216-18 ORDERING (OCT 1995)

(Reference 16.506)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued option periods one through seven.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

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(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of clause)

52.216-19 ORDER LIMITATIONS (OCT 1995)

(Reference 16.506)

(a) Minimum order. When the Government requires supplies or services covered by this contract in an amount of less than \$1 each per contract line item, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum order. The Contractor is not obligated to honor -

(1) Any order for a single item in excess of the following quantities:

Retail, Electronic Claims (TRICARE Only & Dual-Eligibles)	93,500,000
Retail, Paper Claims (TRICARE Only & Dual-Eligibles)	818,000
MTF Adjudication	93,315,000
MOP Prescriptions (TRICARE Only & Dual-Eligibles)	39,000,000
MOP Specialty Clinical Svcs (TRICARE Only & Dual-Eligibles)	181,300
Clinical Services (TRICARE Only & Dual-Eligibles)	485,650
Paper Explanation of Benefit (EOB)	9,750,000
Govt Directed Mailings	1,200,000

(2) Any order for a combination of items in excess of quantity listed in (1) above; or

(3) A series of orders from the same ordering office within 30 days that together call for quantities exceeding the limitation in subparagraph (b)(1) or (2) of this section.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within three days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of clause)

52.216-21 REQUIREMENTS (OCT 1995)

(Reference 16.506)

(a) This is a requirements contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies or services specified in the Schedule are estimates only and are not purchased by this contract. Except as this contract may otherwise provide, if the Government's requirements do not result in orders in the quantities described as "estimated" or "maximum" in the Schedule, that fact shall not constitute the basis for an equitable price adjustment.

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(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. Subject to any limitations in the Order Limitations clause or elsewhere in this contract, the Contractor shall furnish to the Government all supplies or services specified in the Schedule and called for by orders issued in accordance with the Ordering clause. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(c) Except as this contract otherwise provides, the Government shall order from the Contractor all the supplies or services specified in the Schedule that are required to be purchased by the Government activity or activities specified in the Schedule.

(d) The Government is not required to purchase from the Contractor requirements in excess of any limit on total orders under this contract.

(e) If the Government urgently requires delivery of any quantity of an item before the earliest date that delivery may be specified under this contract, and if the Contractor will not accept an order providing for the accelerated delivery, the Government may acquire the urgently required goods or services from another source.

(f) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; provided, that the Contractor shall not be required to make any deliveries under this contract after April 30, 2022.

(End of clause)

52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)

(Reference 17.208)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 90 calendar days of contract expiration.

52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)

(Reference 17.208)

(a) The Government may extend the term of this contract by written notice to the Contractor within [30 days before the contract expires]; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least [60] days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed [8 Years, 6 Months]

(End of clause)

52.219-8 UTILIZATION OF SMALL BUSINESS CONCERNS (MAY 2014)

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(Reference 19.708)

52.219-9 SMALL BUSINESS SUBCONTRACTING PLAN – Alternate II (OCT 2001)

(Reference 19.708)

SMALL BUSINESS SUBCONTRACTING PLAN
(DEVIATION 2013-00014) (AUG 2013)

(I) *****

(1) ***

(2) SSR.

(i) Reports submitted under individual contract plans***

(C) If a prime contractor and/or subcontractor is performing work for more than one executive agency, a separate report shall be submitted to each executive agency covering only that agency's contracts, provided at least one of that agency's contracts is over \$650,000 (over \$1.5 million for construction of a public facility) and contains a subcontracting plan. For DoD, a consolidated report shall be submitted for all contracts awarded by military departments/agencies and/or subcontracts awarded by DoD prime Contractors.

(D) The consolidated SSR shall be submitted annually for the twelve month period ending September 30. The report is due 30 days after the close of the reporting period.

52.219-16 LIQUIDATED DAMAGES--SUBCONTRACTING PLAN (JAN 1999)

(Reference 19.708)

52.222-1 NOTICE TO THE GOVERNMENT OF LABOR DISPUTES (FEB 1997)

(Reference 22.103-5)

52.222-3 CONVICT LABOR (JUN 2003)

(Reference 22.202)

52.222-17 NON-DISPLACEMENT OF QUALIFIED WORKERS UNDER SERVICE CONTRACTS (JAN 2013)

(Reference 22.1207)

52.222-21 PROHIBITION OF SEGREGATED FACILITIES (FEB 1999)

(Reference 22.810)

52.222-26 EQUAL OPPORTUNITY (MAR 2007)

(Reference 22.810)

52.222-35 EQUAL OPPORTUNITY FOR VETERANS. [SEP 2010]

(Reference 22.1310)

52.222-36 AFFIRMATIVE ACTION FOR WORKERS WITH DISABILITIES (OCT 2010)

(Reference 22.1408)

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52.222-37 EMPLOYMENT REPORTS ON VETERANS (SEP 2010)

(Reference 22.1310)

52.222-40 NOTIFICATION OF EMPLOYEE RIGHTS UNDER THE NATIONAL LABOR RELATIONS ACT (DEC 2010)

(Reference 22.1605)

52.222-41 SERVICE CONTRACT ACT OF 1965 (NOV 2007)

(Reference 22.1006)

52.222-42 STATEMENT OF EQUIVALENT RATES FOR FEDERAL HIRES (MAY 1989)

(Reference 22.1006)

In compliance with the Service Contract Act of 1965, as amended, and the regulations of the Secretary of Labor (29 CFR Part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

This Statement is for Information Only: It is not a Wage Determination

Employee Class	Monetary Wage -- Fringe Benefits (Range)
Mail Clerk/Mail Assistant	\$ 11.75 per hour \$6.375 - \$12.260
Data Entry Operator	\$ 11.75 per hour \$6.375 - \$12.260
Claims Assistant	\$ 13.14 per hour \$7.130 - \$13.710
Administrative Assistant	\$ 16.10 per hour \$8.733 - \$16.744
Administrative Coordinator	\$ 16.10 per hour \$8.733 - \$16.744
Data Entry Clerk	\$ 9.59 per hour \$5.250 - \$10.110
Financial Technician	\$ 14.39 per hour \$7.806 - \$14.965
Customer Service Associate	\$ 17.95 per hour \$9.737 - \$18.668
Communication Coordinator	\$ 24.40 per hour \$13.236 - \$25.376

52.222-43 FAIR LABOR STANDARDS ACT AND SERVICE CONTRACT ACT--PRICE ADJUSTMENT (MULTIPLE YEAR AND OPTION CONTRACTS) (SEP 2009)

(Reference 22.1006)

52.222-49 SERVICE CONTRACT ACT--PLACE OF PERFORMANCE UNKNOWN (MAY 1989)

(Reference 22.1006(f))

(a) This contract is subject to the Service Contract Act, and the place of performance was unknown when the solicitation was issued. In addition to places or areas identified in wage determinations, if any, attached to the solicitation, wage determinations have also been requested for the following: "NONE" The Contracting Officer will request wage determinations for additional places or areas of performance if asked to do so in writing by "not later than 20 calendar days after Solicitation "Date Issued" (see SF-33, Block 5). "

(b) Offerors who intend to perform in a place or area of performance for which a wage determination has not been attached or requested may nevertheless submit bids or proposals. However, a wage

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determination shall be requested and incorporated in the resultant contract retroactive to the date of contract award, and there shall be no adjustment in the contract price.

(End of Clause)

52.222-50 COMBATING TRAFFICKING IN PERSONS (FEB 2009)

(Reference 22.1705)

52.222-54 EMPLOYEE ELIGIBILITY VERIFICATION (AUG 2013)

(Reference 22.1803)

52.223-6 DRUG-FREE WORKPLACE (MAY 2001)

(Reference 23.505)

52.223-18 ENCOURAGING CONTRACTOR POLICIES TO BAN TEXT MESSAGING WHILE DRIVING (AUG 2011)

(Reference 23.1102)

52.224-1 PRIVACY ACT NOTIFICATION (APR 1984)

(Reference 24.104)

52.224-2 PRIVACY ACT (APR 1984)

(Reference 24.104)

52.225-13 RESTRICTIONS ON CERTAIN FOREIGN PURCHASES (JUN 2008)

(Reference 25.1103)

52.227-1 AUTHORIZATION AND CONSENT (DEC 2007)

(Reference 27.201-2)

52.227-2 NOTICE & ASSISTANCE REGARDING PATENT AND COPYRIGHT INFRINGEMENT (DEC 2007)

(Reference 27.201-2)

52.227-14 RIGHTS IN DATA--GENERAL (DEC 2007)

(Reference 27.409)

52.227-17 RIGHTS IN DATA--SPECIAL WORKS (DEC 2007)

(Reference 27.409)

52.229-3 FEDERAL, STATE, AND LOCAL TAXES (FEB 2013)

(Reference 29.401-3)

52.230-2 COST ACCOUNTING STANDARDS (MAY 2012)

(Reference 30.201-4)

52.230-6 ADMINISTRATION OF COST ACCOUNTING STANDARDS (JUN 2010)

(Reference 30.201-4)

52.232-1 PAYMENTS (APR 1984)

(Reference 32.111)

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52.232-8 DISCOUNTS FOR PROMPT PAYMENT (FEB 2002)

(Reference 32.111)

52.232-11 EXTRAS (APR 1984)

(Reference 32.111)

52.232-17 INTEREST (OCT 2010)

(Reference 32.617)

52.232-18 AVAILABILITY OF FUNDS (APR 1984)

(Reference 32.705-1)

52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984)

(Reference 32.705-1)

Funds are not presently available for performance under this contract beyond what is identified in the individual task orders. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond the dates identified above, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

(End of clause)

52.232-23 ASSIGNMENT OF CLAIMS (JAN 1986)

(Reference 32.806)

52.232-25 PROMPT PAYMENT (JUL 2013)

(Reference 32.908)

52.232-33 PAYMENT BY ELECTRONIC FUNDS TRANSFER--SYSTEM FOR AWARD MANAGEMENT (JUL 2013)

(Reference 32.1110)

52.232-37 MULTIPLE PAYMENT ARRANGEMENTS (MAY 1999)

(Reference 32.1110)

52.232-39 UNENFORCEABILITY OF UNAUTHORIZED OBLIGATIONS (JUN 2013)

(Reference 32.706)

52.232-40 PROVIDING ACCELERATED PAYMENTS TO SMALL BUSINESS SUBCONTRACTORS (DEC 2013) (Reference 32.009-2)

52.233-1 DISPUTES (JUL 2002)--ALTERNATE I (DEC 1991)

(Reference 33.215)

52.233-3 PROTEST AFTER AWARD (AUG 1996)

(Reference 33.106)

52.233-4 APPLICABLE LAW FOR BREACH OF CONTRACT CLAIM (OCT 2004)

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(Reference 33.215)

52.237-3 CONTINUITY OF SERVICES (JAN 1991)

(Reference 37.110)

52.239-1 PRIVACY OR SECURITY SAFEGUARDS (AUG 1996)

(Reference 39.107)

52.242-13 BANKRUPTCY (JUL 1995)

(Reference 42.903)

52.242-15 STOP-WORK ORDER (AUG 1989)

52.243-1 CHANGES--FIXED-PRICE (AUG 1987)--ALTERNATE I (APR 1984)

(Reference 43.205)

52.243-6 CHANGE ORDER ACCOUNTING (APR 1984)

(Reference 43.205)

52.243-7 NOTIFICATION OF CHANGES (APR 1984)

(Reference 43.107)

(a) *Definitions*. “Contracting Officer,” as used in this clause, does not include any representative of the Contracting Officer.

“Specifically Authorized Representative (SAR),” as used in this clause, means any person the Contracting Officer has so designated by written notice (a copy of which shall be provided to the Contractor) which shall refer to this subparagraph and shall be issued to the designated representative before the SAR exercises such authority.

(b) *Notice*. The primary purpose of this clause is to obtain prompt reporting of Government conduct that the Contractor considers to constitute a change to this contract. Except for changes identified as such in writing and signed by the Contracting Officer, the Contractor shall notify the Administrative Contracting Officer in writing promptly, within 7 calendar days from the date that the Contractor identifies any Government conduct (including actions, inactions, and written or oral communications) that the Contractor regards as a change to the contract terms and conditions. On the basis of the most accurate information available to the Contractor, the notice shall state --

- (1) The date, nature, and circumstances of the conduct regarded as a change;
- (2) The name, function, and activity of each Government individual and Contractor official or employee involved in or knowledgeable about such conduct;
- (3) The identification of any documents and the substance of any oral communication involved in such conduct;
- (4) In the instance of alleged acceleration of scheduled performance or delivery, the basis upon which it arose;

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(5) The particular elements of contract performance for which the Contractor may seek an equitable adjustment under this clause, including --

- (i) What contract line items have been or may be affected by the alleged change;
- (ii) What labor or materials or both have been or may be added, deleted, or wasted by the alleged change;
- (iii) To the extent practicable, what delay and disruption in the manner and sequence of performance and effect on continued performance have been or may be caused by the alleged change;
- (iv) What adjustments to contract price, delivery schedule, and other provisions affected by the alleged change are estimated; and

(6) The Contractor's estimate of the time by which the Government must respond to the Contractor's notice to minimize cost, delay or disruption of performance.

(c) *Continued performance.* Following submission of the notice required by paragraph (b) of this clause, the Contractor shall diligently continue performance of this contract to the maximum extent possible in accordance with its terms and conditions as construed by the Contractor, unless the notice reports a direction of the Contracting Officer or a communication from a SAR of the Contracting Officer, in either of which events the Contractor shall continue performance; provided, however, that if the Contractor regards the direction or communication as a change as described in paragraph (b) of this clause, notice shall be given in the manner provided. All directions, communications, interpretations, orders and similar actions of the SAR shall be reduced to writing promptly and copies furnished to the Contractor and to the Contracting Officer. The Contracting Officer shall promptly countermand any action which exceeds the authority of the SAR.

(d) *Government response.* The Contracting Officer shall promptly, within 7 calendar days after receipt of notice, respond to the notice in writing. In responding, the Contracting Officer shall either --

- (1) Confirm that the conduct of which the Contractor gave notice constitutes a change and when necessary direct the mode of further performance;
- (2) Countermand any communication regarded as a change;
- (3) Deny that the conduct of which the Contractor gave notice constitutes a change and when necessary direct the mode of further performance; or
- (4) In the event the Contractor's notice information is inadequate to make a decision under subparagraphs (d)(1), (2), or (3) of this clause, advise the Contractor what additional information is required, and establish the date by which it should be furnished and the date thereafter by which the Government will respond.

(e) *Equitable adjustments.*

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(1) If the Contracting Officer confirms that Government conduct effected a change as alleged by the Contractor, and the conduct causes an increase or decrease in the Contractor's cost of, or the time required for, performance of any part of the work under this contract, whether changed or not changed by such conduct, an equitable adjustment shall be made --

- (i) In the contract price or delivery schedule or both; and
- (ii) In such other provisions of the contract as may be affected.

(2) The contract shall be modified in writing accordingly. In the case of drawings, designs or specifications which are defective and for which the Government is responsible, the equitable adjustment shall include the cost and time extension for delay reasonably incurred by the Contractor in attempting to comply with the defective drawings, designs or specifications before the Contractor identified, or reasonably should have identified, such defect. When the cost of property made obsolete or excess as a result of a change confirmed by the Contracting Officer under this clause is included in the equitable adjustment, the Contracting Officer shall have the right to prescribe the manner of disposition of the property. The equitable adjustment shall not include increased costs or time extensions for delay resulting from the Contractor's failure to provide notice or to continue performance as provided, respectively, in paragraphs (b) and (c) of this clause.

NOTE: The phrases "contract price" and "cost" wherever they appear in the clause, may be appropriately modified to apply to cost-reimbursement or incentive contracts, or to combinations thereof.

(End of Clause)

52.244-2 SUBCONTRACTS (OCT 2010)

(Reference 44.204)

52.244-5 COMPETITION IN SUBCONTRACTING (DEC 1996)

(Reference 44.204)

52.244-6 SUBCONTRACTS FOR COMMERCIAL ITEMS (JUL 2014)

(Reference 44.403)

52.245-1 GOVERNMENT PROPERTY (JAN 2017)

(Reference 45.107)

52.246-25 LIMITATION OF LIABILITY-SERVICES (FEB 1997)

(Reference 46.805)

52.248-1 VALUE ENGINEERING (OCT 2010)

(Reference 48.201)

**52.249-2 TERMINATION FOR CONVENIENCE OF THE GOVERNMENT (FIXED-PRICE)
(APR 2012)**

(Reference 49.502)

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52.249-8 DEFAULT (FIXED-PRICE SUPPLY AND SERVICE) (APR 1984)
(Reference 49.504)

52.252-6 AUTHORIZED DEVIATION IN CLAUSES (APR 1984)
(Reference 52.107)

The use in this solicitation or contract of any Federal Acquisition Regulation (48 CFR Chapter 1) clause with an authorized deviation is indicated by the addition of "(DEVIATION)" after the date of the clause.

(End of Clause)

52.253-1 COMPUTER GENERATED FORMS (JAN 1991)
(Reference 53.111)

252.201-7000 CONTRACTING OFFICER'S REPRESENTATIVE (DEC 1991)
(Reference 201.602-70)

(a) Definition. "Contracting officer's representative" means an individual designated in accordance with subsection 201.602-2 of the Defense Federal Acquisition Regulation Supplement and authorized in writing by the contracting officer to perform specific technical or administrative functions.

(b) If the Contracting Officer designates a contracting officer's representative (COR), the Contractor will receive a copy of the written designation. It will specify the extent of the COR's authority to act on behalf of the contracting officer. The COR is not authorized to make any commitments or changes that will affect price, quality, quantity, delivery, or any other term or condition of the contract.

(End of clause)

252.203-7000 REQUIREMENTS RELATED TO COMPENSATION OF FORMER DoD OFFICIALS (SEP 2011)
(Reference 203.171-4)

252.203-7001 PROHIBITION ON PERSONS CONVICTED OF FRAUD OR OTHER DEFENSE-CONTRACT-RELATED FELONIES (DEC 2008)
(Reference 203.570-3)

252.203-7002 REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)
(Reference 203.970)

252.203-7003 AGENCY OFFICE OF THE INSPECTOR GENERAL (DEC 2012).
(Reference 203.1004):

The agency office of the Inspector General referenced in paragraphs (c) & (d) of FAR clause 52.203-13, Contractor Code of Business Ethics and Conduct, is the DoD Office of the Inspector General, located at the following address:

DoD Office of the Inspector General
Investigative Policy and Oversight
4800 Mark Center Drive, Suite 11H25

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Alexandria, VA 22350-1500
Toll Free Telephone: 866-429-8011

(End of clause)

252.203-7004 DISPLAY OF FRAUD HOTLINE POSTERs (DEC 2012).

(Reference 203.1004)

(a) *Definition*. “United States,” as used in this clause, means the 50 States, the District of Columbia, and outlying areas.

(b) *Display of fraud hotline poster(s)*.

(1) The Contractor shall display prominently in common work areas within business segments performing work in the United States under Department of

Defense (DoD) contracts DoD hotline posters prepared by the DoD Office of the Inspector General. DoD hotline posters may be obtained via the internet at http://www.dodig.mil/HOTLINE/hotline_posters.htm.

(2) If the contract is funded, in whole or in part, by Department of Homeland Security (DHS) disaster relief funds, the DHS fraud hotline poster shall be displayed in addition to the DoD fraud hotline poster. If a display of a DHS fraud hotline poster is required, the Contractor may obtain such poster from: http://www.dhs.gov/xoig/assets/DHS_OIG_Hotline-optimized.jpg

(3) Additionally, if the Contractor maintains a company website as a method of providing information to employees, the Contractor shall display an electronic version of the poster(s) at the website.

(c) *Subcontracts*. The Contractor shall include the substance of this clause, including this paragraph (c), in all subcontracts that exceed \$5 million except when the subcontract—

(1) Is for the acquisition of a commercial item; or

(2) Is performed entirely outside the United States.

(End of clause)

252.203-7999 Prohibition on Contracting with Entities that Require Certain Internal Confidentiality Agreements. (DEVIATION 2015-00010)

PROHIBITION ON CONTRACTING WITH ENTITIES THAT REQUIRE CERTAIN
INTERNAL CONFIDENTIALITY AGREEMENTS (DEVIATION 2015-00010)
(FEB 2015)

(a) The Contractor shall not require employees or subcontractors seeking to report fraud, waste, or abuse to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The Contractor shall notify employees that the prohibitions and restrictions of any internal confidentiality agreements covered by this clause are no longer in effect.

(c) The prohibition in paragraph (a) of this clause does not contravene requirements applicable to

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Standard Form 312, Form 44 I 4, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

(d)(I) In accordance with section 743 of Division E, Title VIII, of the Consolidated and Further Continuing Resolution Appropriations Act, 2015, (Pub. L. 113-235), use of funds appropriated (or otherwise made available) under that or any other Act may be prohibited, if the Government determines that the Contractor is not in compliance with the provisions of this clause.

(2) The Government may seek any available remedies in the event the Contractor fails to perform in accordance with the terms and conditions of the contract as a result of Government action under this clause.

(End of clause)

252.204-7000 DISCLOSURE OF INFORMATION (AUG 2013)

(Reference 204.404-70)

252.204-7003 CONTROL OF GOVERNMENT PERSONNEL WORK PRODUCT (APR 1992)

(Reference 204.404-70)

252.204-7012 SAFEGUARDING COVERED DEFENSE INFORMATION AND CYBER INCIDENT REPORTING (OCT 2016) (Reference 204.70304(c))

252.204-7015 DISCLOSURE OF INFORMATION TO LITIGATION SUPPORT CONTRACTORS (FEB 2014) (Reference 204.7403(c))

252.205-7000 PROVISION OF INFORMATION TO COOPERATIVE AGREEMENT HOLDERS (DEC 1991)

(Reference 205.470)

252.209-7004 SUBCONTRACTING WITH FIRMS THAT ARE OWNED OR CONTROLLED BY THE GOVERNMENT OF A TERRORIST COUNTRY (DEC 2006)

(Reference 209.409)

252.215-7000 PRICING ADJUSTMENTS (DEC 2012)

(Reference 215.408)

252.219-7003 SMALL BUSINESS SUBCONTRACTING PLAN (DOD CONTRACTS) – BASIC (DEC 2018)

(Reference 219.708)

SMALL BUSINESS SUBCONTRACTING PLAN (DOD CONTRACTS) –BASIC
(DEC 2018)

This clause supplements the Federal Acquisition Regulation 52.219-9, Small Business Subcontracting Plan, clause of this contract.

(a) *Definitions.* “Summary Subcontract Report (SSR) Coordinator,” as used in this clause, means the individual who is registered in the Electronic Subcontracting Reporting System (eSRS) at the Department of Defense level and is responsible for

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acknowledging receipt or rejecting SSRs submitted under an individual subcontracting plan in eSRS for the Department of Defense.

(b) Subcontracts awarded to qualified nonprofit agencies designated by the Committee for Purchase From People Who Are Blind or Severely Disabled (41 U.S.C. 8502-8504), may be counted toward the Contractor's small business subcontracting goal.

(c) A mentor firm, under the Pilot Mentor-Protege Program established under section 831 of Public Law 101-510, as amended, may count toward its small disadvantaged business goal, subcontracts awarded to—

(1) Protege firms which are qualified organizations employing the severely disabled; and

(2) Former protege firms that meet the criteria in section 831(g)(4) of Public Law 101-510.

(d) The master plan is approved by the Contractor's cognizant contract administration activity.

(e) In those subcontracting plans which specifically identify small businesses, the Contractor shall notify the Administrative Contracting Officer of any substitutions of firms that are not small business firms, for the small business firms specifically identified in the subcontracting plan. Notifications shall be in writing and shall occur within a reasonable period of time after award of the subcontract. Contractor-specified formats shall be acceptable.

(f)(1) For DoD, the Contractor shall submit reports in eSRS as follows:

(i) The Individual Subcontract Report (ISR) shall be submitted to the contracting officer at the procuring contracting office, even when contract administration has been delegated to the Defense Contract Management Agency.

(ii) Submit the consolidated SSR for an individual subcontracting plan to the "Department of Defense."

(2) For DoD, the authority to acknowledge receipt or reject reports in eSRS is as follows:

(i) The authority to acknowledge receipt or reject the ISR resides with the contracting officer who receives it, as described in paragraph (f)(1)(i) of this clause.

(ii) The authority to acknowledge receipt of or reject SSRs submitted under an individual subcontracting plan resides with the SSR Coordinator.

(g) Include the clause at [252.219-7004](#), Small Business Subcontracting Plan (Test Program), in subcontracts with subcontractors that participate in the Test Program

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described in DFARS [219.702-70](#), if the subcontract is expected to exceed \$700,000 (\$1.5 million for construction of any public facility) and to have further subcontracting opportunities.

(End of clause)

252.222-7006 RESTRICTIONS ON THE USE OF MANDATORY ARBITRATION AGREEMENTS (DEC 2010) (Reference DFARS 222.7405)

252.223-7004 DRUG-FREE WORK FORCE (SEP 1988)
(Reference 223.570-2)

252.225-7004 REPORT OF INTENDED PERFORMANCE OUTSIDE THE UNITED STATES & CANADA Submission after award (OCT 2010)
(Reference 225.7204)

252.225-7006 QUARTERLY REPORTING OF ACTUAL CONTRACT PERFORMANCE OUTSIDE THE UNITED STATES (OCT 2010)
(Reference 225.7204)

252.225-7048 EXPORT CONTROLLED ITEMS (JUN 2013)
(Reference 225.7901-4)

252.226-7001 UTILIZATION OF INDIAN ORGANIZATIONS, INDIAN-OWNED ECONOMIC ENTERPRISES, AND NATIVE HAWAIIAN SMALL BUSINESS CONCERNS (SEP 2004)
(Reference 226.104)

252.231-7000 SUPPLEMENTAL COST PRINCIPLES (DEC 1991)
(Reference 231.100-70)

252.232-7006 WIDE AREA WORKFLOW PAYMENT INSTRUCTIONS

As prescribed in [232.7004\(b\)](#), use the following clause:

WIDE AREA WORKFLOW PAYMENT INSTRUCTIONS (MAY 2013)

(a) *Definitions.* As used in this clause ---

“Department of Defense Activity Address Code (DoDAAC)” is a six position code that uniquely identifies a unit, activity, or organization.

“Document type” means the type of payment request or receiving report available for creation in Wide Area WorkFlow (WAWF)

“Local processing office (LPO)” is the office responsible for payment certification when payment certification is done external to the entitlement system.

(b) *Electronic invoicing.* The WAWF system is the method to electronically process vendor payment requests and receiving reports, as authorized by DFARS [252.232-7003](#), Electronic Submission of Payment Requests and Receiving Reports.

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(c) *WAWF access.* To access WAWF, the Contractor shall ---

(1) Have a designated electronic business point of contact in the System for Award Management at <https://www.acquisition.gov>; and

(2) Be registered to use WAWF at <https://wawf.eb.mil/> following the step-by-step procedures for self-registration available at this web site.

(d) *WAWF training.* The Contractor should follow the training instructions of the WAWF Web-Based Training Course and use the Practice Training Site before submitting payment requests through WAWF. Both can be accessed by selecting the “Web Based Training” link on the WAWF home page at <https://wawf.eb.mil/>

(e) *WAWF methods of document submission.* Document submissions may be via web entry, Electronic Data Interchange, or File Transfer Protocol.

(f) *WAWF payment instructions.* The Contractor must use the following information when submitting payment requests and receiving reports in WAWF for this contract/order:

(1) *Document type.* The Contractor shall use the following document type(s). (Invoice as “2 and 1” and Cost Voucher).

(2) *Inspection/acceptance location.* The Contractor shall select the following inspection/acceptance location(s) in WAWF, as specified by the contracting officer: HT0066.

(3) *Document routing.* The Contractor shall use the information in the Routing Data Table below only to fill in applicable fields in WAWF when creating payment requests and receiving reports in the system.

Routing Data Table

<i>Field Name in WAWF</i>	<i>Data to be entered in WAWF</i>
Pay Official DoDAAC	HT0010
Issue By DoDAAC	HT9402
Admin DoDAAC	HT9402
Inspect By DoDAAC	HT0066
Ship To Code	HT0066
Ship From Code	
Mark For Code	
Service Approver (DoDAAC)	
Service Acceptor (DoDAAC)	HT0066
Accept at Other DoDAAC	
LPO DoDAAC	
DCAA Auditor DoDAAC	
Other DoDAAC(s)	

(4) *Payment request and supporting documentation.* The Contractor shall ensure a payment request includes appropriate contract line item and subline item descriptions of the work performed or supplies delivered, unit price/cost per unit, fee (if applicable), and

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all relevant back-up documentation, as defined in DFARS Appendix F, (e.g. timesheets) in support of each payment request.

(5) *WAWF email notifications*. The Contractor shall enter the e-mail address identified below in the “Send Additional Email Notifications” field of WAWF once a document is submitted in the system.

Contract Resource Management Office (RM Invoice Mailbox) at
dha.buckley.crm.mbx.aur-crm-invoices@mail.mil

(g) *WAWF point of contact*.

(1) The Contractor may obtain clarification regarding invoicing in WAWF from the following contracting activity’s WAWF point of contact.

Contract Resource Mangement Office (RM Invoice Mailbox) at
dha.buckley.crm.mbx.aur-crm-invoices@mail.mil

(2) For technical WAWF help, contact the WAWF helpdesk at 866-618-5988.

(End of clause)

252.232-7007 LIMITATIONS OF GOVERNMENT’S OBLIGATION (APR 2014)
(Reference 232.705-70)

LIMITATION OF GOVERNMENT’S OBLIGATION (APR 2014)

(a) Contract line item(s) X001 – X009; X0011 – X014 and X018-X021 are incrementally funded. For these item(s), only the amount obligated to the respective Delivery Order(s) of the total estimated price for the current option period is presently available for payment and allotted to this contract. An allotment schedule is set forth in paragraph (j) of this clause.

(b) For item(s) identified in paragraph (a) of this clause, the Contract agrees to perform up to the point at which the total amount payable by the Government, including reimbursement in the event of termination of those item(s) for the Government’s convenience, approximates the total amount currently allotted to the contract. The Contractor is not authorized to continue work on those item(s) beyond that point. The Government will not be obligated in any event to reimburse the Contractor in excess of the amount allotted to the contract for those item(s) regardless of anything to the contrary in the clause entitled “Termination for Convenience of the Government.” As used in this clause, the total amount payable by the Government in the event of termination of applicable contract line item(s) for convenience includes costs, profit, and estimated termination settlement costs for those item(s).

(c) Notwithstanding the dates specified in the allotment schedule in paragraph (j) of this clause, the Contractor will notify the Contracting Officer in writing at least thirty (30) days prior to the date when, in the Contractor’s best judgment, the work will reach the point at which the total amount payable by the Government, including any cost for termination for convenience, will approximate 85 percent of the total amount then allotted to the contract for performance of the applicable item(s). The notificaiton will state (1) the estimated date when that point will be reached and (2) an estimate of additional funding, if any, needed to continue performance of applicable line items up to the next scheduled date for allotment of funds identified in paragraph (j) of this clause, or to a mutually agreed upon substitute date. The notification will also advise the Contracting Officer of the estimated amount of additional funds that will

SECTION I
CONTRACT CLAUSES

be required for the timely performance of the item(s) funded pursuant to this clause, for a subsequent period as may be specified in the allotment schedule in paragraph (j) of this clause of otherwise agreed to by the parties. If after such notification additional funds are not allotted by the date identified in the Contractor's notification, or by an agreed substitute date, the Contracting Office will terminate any item(s) for which additional funds have not been allotted, pursuant to the clause of this contract entitled "Termination for Convenience of the Government."

(d) When additional funds are allotted for continued performance of the contract line item(s) identified in paragraph (a) of this clause, the parties will agree as to the period of contract performance which will be covered by the funds. The provisions of paragraphs (b) through (d) of this clause will apply in like manner to the additional allotted funds and agreed substitute date, and the contract will be modified accordingly.

(e) If, solely by reason of failure of the Government to allot additional funds, by the dates indicated below, in amounts sufficient for timely performance of the contract line item(s) identified in paragraph (a) of this clause, the Contractor incurs additional costs or is delayed in the performance of the work under this contract and if additional funds are allotted, an equitable adjustment will be made in the price or prices (including) appropriate target, billing, and ceiling prices where applicable) of the item(s), or in the time of delivery, or both. Failure to agree to any such equitable adjustment hereunder will be a dispute concerning a question of fact within the meaning of the clause entitled "Disputes."

(f) The Government may at any time prior to termination allot additional funds for the performance of the contract line item(s) identified in paragraph (a) of this clause.

(g) The termination provisions of this clause do not limit the rights of the Government under the clause entitled "Default." The provisions of this clause are limited to the work and allotment of funds for the contract line item(s) set forth in paragraph (a) of this clause. The clause no longer applies once the contract is fully funded except with regard to the rights or obligations of the parties concerning equitable adjustments negotiated under paragraphs (d) and (e) of this clause.

(h) Nothing in this clause affects the right of the Government to terminate this contract pursuant to the clause of this contract entitled "Termination for Convenience of the Government."

(i) Nothing in this clause shall be construed as authorization of voluntary services whose acceptance is otherwise prohibited under 31 U.S.C. 1342.

(j) The parties contemplate that the Government will allot funds to this contract in accordance with the following schedule:

Funding will be obligated on a periodic basis throughout the life of the contract. It is estimated that the Government will receive at least two (2) funding allotments each option period on or about time of option commencement and start of new fiscal year. This schedule is only an estimate and should not be taken as binding.

(End of clause)

252.232-7010 LEVIES ON CONTRACT PAYMENTS (DEC 2006)

(Reference 232.7102)

252.243-7001 PRICING OF CONTRACT MODIFICATIONS (DEC 1991)

(Reference 243.205-70)

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252.243-7002 REQUESTS FOR EQUITABLE ADJUSTMENT (DEC 2012)

(Reference 243.205-71)

(a) The amount of any request for equitable adjustment to contract terms shall accurately reflect the contract adjustment for which the Contractor believes the Government is liable. The request shall include only costs for performing the change, and shall not include any costs that already have been reimbursed or that have been separately claimed. All indirect costs included in the request shall be properly allocable to the change in accordance with applicable acquisition regulations.

(b) In accordance with 10 U.S.C. 2410(a), any request for equitable adjustment to contract terms that exceeds the simplified acquisition threshold shall bear, at the time of submission, the following certificate executed by an individual authorized to certify the request on behalf of the Contractor:

I certify that the request is made in good faith, and that the supporting data are accurate and complete to the best of my knowledge and belief.

(Official's Name)

(Title)

(c) The certification in paragraph (b) of this clause requires full disclosure of all relevant facts, including:

(1) Certified cost or pricing data, if required, in accordance with subsection 15.403-4 of the Federal Acquisition Regulation (FAR); and

(2) Data other than certified cost or pricing data, in accordance with subsection 15.403-3 of the FAR, including actual cost data and data to support any estimated costs, even if certified cost or pricing data are not required.

(d) The certification requirement in paragraph (b) of this clause does not apply to:

(1) Requests for routine contract payments; for example, requests for payment for accepted supplies and services, routine vouchers under a cost-reimbursement type contract, or progress payment invoices; or

(2) Final adjustments under an incentive provision of the contract.

(End of clause)

252.244-7000 SUBCONTRACTS FOR COMMERCIAL ITEMS (JUN 2013)

(Reference 244.403)

252.244-7001 CONTRACTOR PURCHASING SYSTEM ADMINISTRATION (MAY 2014)

(Reference 244.305-71)

252.247-7023 TRANSPORTATION OF SUPPLIES BY SEA – BASIC (APR 2014)

(Reference 247.574(b)(1))

(End of Section I)

SECTION J
LIST OF ATTACHMENTS

Attachments:

- J-1 Definitions and Acronyms
- J-2 DoD and USCG Military Treatment Facility (MTF) Pharmacy Listing
- J-3 MTF to MOP Transfer Locations
- J-4 Small Business Subcontracting Plan
- J-5 Wage Determinations/Collective Bargaining Agreements
- J-6 Wage Determinations Revision List
- J-7 Government Property List
- J-8 RESERVED
- J-9 RESERVED
- J-10 RESERVED
- J-11 RESERVED

(End of Section J)

Administrative Review/Override: Any non-clinical review. Includes automated reviews conducted in the adjudication process, profile reviews conducted prior to issuing an override code in response to certain types of edits, and system-generated prior authorizations and medical necessity determinations resulting from an MTF dispensing.

Authorized Pharmaceutical: Any medication dispensed that meets all of the following criteria:

1. A drug, biological product or medical device under the regulatory authority of the Food and Drug Administration. (See 32 CFR 199.21);
2. Pharmaceuticals dispensed by an authorized provider with a National Council of Prescription Drug Programs (NCPDP) or other nationally recognized pharmacy designation (TPM Chapter 8, Section 9.1); and
3. Approved by the DoD P&T Committee for inclusion in the formulary, and appearing on the formulary web site at www.tricare.mil/pharmacyformulary.

Brand Name Drugs: A brand name drug is a drug marketed under a proprietary, trademark-protected name. Authorized Generics as defined by the FDA will be treated as brand name drugs.

Clarification (or intervention): Any steps taken to obtain or verify information necessary to process and dispense a prescription when the prescription is incomplete, unclear, or inconsistent with approved labeling, current standards of practice, appropriate dosing or other clinical/safety aspects. Examples of necessary information include: prescription information such as drug name and strength, package size, directions, refills, quantity, prescription date, provider's name and provider's signature or beneficiary information such as address, DOB or patient name.

Clinical Review: Review conducted by a pharmacist in response to a request for prior authorization or medical necessity, prompted by submission of the appropriate form from the prescriber or beneficiary or a telephonic inquiry from the prescriber. Appropriateness is determined relative to criteria established by P&T or contractor-developed criteria approved by the government.

Day: Unless otherwise specified, a calendar day, as defined in FAR 2.101. A business day is defined as any day in which the contractor's relevant operations are staffed.

Defect: Defined according to the National Coordinating Council for Medication Error Reporting & Prevention (NCC-MERP) as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. All such events which are identified and corrected prior to leaving the mail order facility are considered defects.

Direct Member Reimbursement (DMR): A claim submitted by a beneficiary for reimbursement (a subset of paper claims).

Electronic Claim: Any claim received through electronic submission or other digital media, including batch claims.

Error: Defined according to the National Coordinating Council for Medication Error Reporting & Prevention (NCC-MERP) as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. All such events discovered after shipment from the mail order facility and should therefore reach the beneficiary are considered errors.

Attch J-1

Definitions and Acronyms

Generic Drugs: A generic drug is therapeutically equivalent to a brand name drug as determined by the FDA. A Branded Generic drug, which are drugs that are either novel dosage forms of off-patent products produced by a manufacturer that is not the originator of the molecule, or a molecule copy of an off-patent product with a brand name will be treated as generic drugs. In certain instances, a brand name drug may be designated as a generic drug as a result of a decision made by DoD's Pharmacy and Therapeutics Process (e.g. Nexium).

Medical Necessity (MN): A beneficiary request to receive a non-formulary medication at formulary copay. Categorized as a type of Clinical Review under this contract. Medications that are not covered under the pharmacy benefit are addressed under the appeals process described in TOM, Chapter 12.

Medical Pricing Catalog: A general term referring to the DLA document used to support ordering replenishment from the National Prime Vendor (NPV) and other applications for which the Government acquisition price for a drug is needed. This function was initially performed by the DLA Managed Care Price File (MCPF), but has subsequently been replaced by the DLA Medical Master Catalog.

Net Operating Time: TPharm Operating Time minus unscheduled internal downtime, measured in minutes per calendar month. Based on the following metrics:

- Total Operating Time: 24 hours/7 days, measured in minutes per calendar month
- Available Operating Time: Total Operating time excluding scheduled downtime, both internal (contractor) and external (DEERS), measured in minutes per calendar month
- TPharm Operating Time: Available Operating Time minus external unscheduled downtime and outages, measured in minutes per calendar month

Example:

Assumption	Calculation
30 days in the month	Total Operating Time: $30 \text{ days} \times 24 \text{ hrs/day} \times 60 \text{ min/hr}$ = 43,200 minutes
Weekly scheduled maintenance window (concurrent internal and external downtime): - Three occurrences of 1 hour - One occurrence of 4 hours	Scheduled Downtime: $(1 \text{ hr} \times 60 \text{ mins} \times 3 \text{ occurrences}) + (4 \text{ hours} \times 60 \text{ minutes} \times 1 \text{ occurrence}) = 180 + 240$ = 420 minutes Available Operating Time: <i>Total Operating Time Scheduled Downtime</i> $43,200 - 420 - 45$ = 42,780 minutes
One unscheduled external outage lasting 80 minutes	TPharm Operating Time: <i>Available Operating Time – Unscheduled External Downtime</i> $= 42,780 - 80$ = 42,700 minutes
Two unscheduled internal outages, lasting 20 minutes and 40 minutes, respectively	Net Operating Time = <i>TPharm Operating Time – Unscheduled Internal Downtime</i> $= 42,700 - 20 - 40$ = 42,640 minutes
System Availability: <i>Net Operating Time / TPharm Operating Time x 100</i> $= (42,640 / 42,700) \times 100$ = 99.86%	

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Attch J-1

Definitions and Acronyms

Paper Claim: Claim submitted for reimbursement by a beneficiary or pharmacy.

Preauthorization: Specific type of clinical review relating to the availability of certain medications through the retail pharmacy network under Federal Ceiling Price restrictions described under 32 C.F.R. I 99.2 l(q)(2) and Section C.9.1.10 of this solicitation.

Prior Authorization (PA): An edit which requires specific criteria to be met before a drug is covered, including both system-generated prior authorizations and those resulting from clinical reviews.

Run-off Claims: Run-Off Claims are claims received at the outgoing contractor's facility prior to the service delivery start date of the incoming contractor. The outgoing contractor should process all run-off claims "until mutually agreed upon turnover date" and forward all claims received on or after the new contract's service delivery start date.

Specialty Mail Order Pharmacy: A specialty mail order pharmacy is a pharmacy which focuses on providing specialty pharmaceuticals through a mail order venue. Specialty pharmaceuticals are high-cost injectable, infused, oral or inhaled drugs that are generally more complex to distribute, administer and monitor than traditional drugs. Additionally, these pharmacies offer comprehensive clinical services described under C.7.9.5 for specified specialty medications.

Attch J-1

Definitions and Acronyms

AIS – Automated Information System

APO – Army Post Office

ART – Assistance Reporting Tool

ARU – Automated Response Unit

B2B – Business-to-Business Gateway

BAP – Beneficiary Advisory Panel

BCACS – Beneficiary Counseling and Assistance Coordinators

BCF – Basic Core Formulary

BE&S – Beneficiary Education & Support Division

BPA – Blanket Purchase Agreements

CCDD – Catastrophic Cap and Deductible Database

CDC – Centers for Disease Control

CDR – Clinical Data Repository

CDRL – Contract Data Requirements List

CHCBP – Continued Health Care Benefits Program

CHCS – Composite Health Care System

CHDR – Clinical Data Repository/Health Data Repository

CMS – Center for Medicare and Medicaid Services

CO – Contracting Officer

COB – Coordination of Benefits

COOP – Continuity of Operations Plan

COR – Contracting Officer's Representative

DAPA – Distribution and Pricing Agreements

DAW – Dispense as Written

DBN – DoD Benefits Number

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J-1-4

Through P00187

Attch J-1

Definitions and Acronyms

DEA – Drug Enforcement Agency

DEERS – Defense Enrollment Eligibility Reporting System

DFARS – Defense Federal Acquisition Regulation Supplement

DHCS – Defense Health Clinic Systems

DISA – Defense Information Systems Agency

DLA-TS – Defense Logistics Agency Troop Support

DMDC – Defense Manpower Data Center

DMR – Direct Member Reimbursement

DoD – Department of Defense

DPP – Deployment Prescription Program

DUA – Data Use Agreement

DVA – Department of Veterans Affairs

EI – Enterprise Infrastructure

EOB – Explanation of Benefits

EOES – Electronic Order Entry System

FAR – Federal Acquisition Regulation

FCP – Federal Ceiling Price

FDA – Food and Drug Administration

FDB – First Databank

FHP&R – Force Health Protection & Readiness

FOIA – Freedom of Information Act

FPO – Fleet Post Office

FSS – Federal Supply Schedule

FY – Fiscal Year

GIQD – General Inquiry to DEERS

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J-1-5

Through P00187

Attch J-1

Definitions and Acronyms

HDR – Health Data Repository

HIPAA – Health Insurance Portability and Accountability Act

ICD – Interface Control Document

IHS – Indian Health Service

MCPF – Managed Care Pricing File

MCSC – Managed Care Support Contractor

MHS – Military Health System

MN – Medical Necessity

MOU – Memorandum of Understanding

MTFs – Medical Treatment Facilities

NCPDP – National Council for Prescription Drug Programs

NDAA – National Defense Authorization Act

NDC – National Drug Code

NIST – National Institute of Standards and Technology

NPV – National Prime Vendor

OHI – Other Health Insurance

OHI/SIT – Other Health Insurance Standard Insurance Table

OMB – Office of Management and Budget

P&T – Pharmacy and Therapeutics Committee

PA – Prior Authorization

PBM – Pharmacy Benefit Management/Manager

PDTS – Pharmacy Data Transaction Service

PEC – DoD Pharmacoeconomic Center

PHI – Protected Health Information

PHS – Public Health Service

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J-1-6

Through P00187

Attch J-1

Definitions and Acronyms

PIA – Privacy Impact Assessment

PII – Personally Identifiable Information

POD – Pharmaceutical Operations Directorate

ProDUR – Prospective Drug Utilization Review

SFTP – Secure file transfer protocol

SP – Special Publication

SSN – Social Security Number

TED – TRICARE Encounter Data

TFL – TRICARE for Life

TMA – TRICARE Management Activity

TMA POC – TMA Pharmacy Operations Center

TMDS – Theater Medical Data Store

TMIP – Theater Medical Information Program

TMOP – TRICARE Mail Order Pharmacy

TOM – TRICARE Operations Manual

TPM – TRICARE Policy Manual

TROOP – True Out-Of-Pocket expenses

TSM – TRICARE Systems Manual

Military Treatment Facility Sites - Current as of May 2, 2013

Tab	Description
J-2.01	DoD Military Treatment Facilities
J-2.02	US Coast Guard Military Treatment Facilities*
J-2.03	MTF Hosts* - Includes sites supporting MTF to MOP transfers at the start of pharmacy services

** Note: Coast Guard Hosts subject to change on transition to EPIC system.*

Branch of Service	Site MTF	Pharmacy Name	CHCS Host	City	State	ZIP
NAVY	ALBANY	ALBANY PHCY	JACKSONVILLE	ALBANY	GA	31704
AIR FORCE	ALTUS	ALTUS PHCY 97TH MDG	ALTUS	ALTUS AFB	OK	73523
AIR FORCE	ANDERSEN	ANDERSEN PHCY	GUAM US	ANDERSEN AFB	GU	96543
NAVY	ATSUGI	ATSUGI PHCY	YOKOSUKA	FPO	AP	96306
AIR FORCE	AVIANO	AVIANO MAIN PHCY	AVIANO	APO	AE	09604
NAVY	BAHRAIN	BAHRAIN PHCY	BAHRAIN	FPO	AE	09834
NAVY	BALLSTON SPA	BALLSTON SPA PHCY	GROTON	SARATOGA SPRINGS	NY	12866
ARMY	BAMBERG	BAMBERG PHCY	LANDSTUHL	APO	AE	09139
AIR FORCE	BARKSDALE	BARKSDALE MAIN PHCY	BARKSDALE	BARKSDALE AFB	LA	71110
AIR FORCE	BARKSDALE	BARKSDALE REFILL PHCY	BARKSDALE	BARKSDALE AFB	LA	71110
ARMY	BAUMHOLDER	BAUMHOLDER PHCY	LANDSTUHL	APO	AE	09034
AIR FORCE	BEALE	BEALE MAIN PHCY	TRAVIS	BEALE AFB	CA	95903
NAVY	BEAUFORT	BEAUFORT MCRD PHCY	CHARLESTON NH	BEAUFORT	SC	29902
NAVY	BEAUFORT	BEAUFORT MAIN PHCY	CHARLESTON NH	BEAUFORT	SC	29902
NAVY	BREMERTON	BREMERTON NS PHCY	FT. LEWIS	BREMERTON	WA	98314
NAVY	BREMERTON	BREMERTON NH PHCY	FT. LEWIS	BREMERTON	WA	98312
NAVY	BRIDGEPORT	BRIDGEPORT PHCY	CAMP PENDLETON	BRIDGEPORT	CA	93517
ARMY	BRUSSELS	BRUSSELS NATO PHCY	LANDSTUHL	APO	AE	09724
AIR FORCE	BUCKLEY AFB	BUCKLEY AFB MAIN PHCY	FT. CARSON	BUCKLEY AFB	CO	80011
ARMY	CAMP ATTERBURY	CAMP ATTERBURY PHCY	FT. KNOX	CAMP ATTERBURY	IN	46124
ARMY	CAMP BULLIS	CAMP BULLIS PHCY	LACKLAND	CAMP BULLIS	TX	78257
ARMY	CAMP CARROL	CAMP CARROL PHCY	SEOUL	APO	AP	96260
ARMY	CAMP CASEY	CAMP CASEY PHCY	SEOUL	APO	AP	96224
ARMY	CAMP HUMPHREYS	CAMP HUMPHREYS PHCY	SEOUL	APO	AP	96271
NAVY	CAMP LEJEUNE	CAMP LEJEUNE MILAM PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28542
NAVY	CAMP LEJEUNE	COURT HOUSE BAY PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP LEJEUNE	CAMP GEIGER PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP LEJEUNE	CAMP JOHNSON PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP LEJEUNE	FRENCH CREEK PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP LEJEUNE	HADNOT POINT PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP LEJEUNE	NEW RIVER AIRSTATION PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP LEJEUNE	MARINE CORPS EXCHANGE PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP LEJEUNE	CAMP LEJEUNE NH PHCY	CAMP LEJEUNE	CAMP LEJEUNE	NC	28547
NAVY	CAMP PENDLETON	CAMP PEND 43 ABMC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 33 ABC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 53 ABMC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 62 ABC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 22 ABC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 31 ABC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 21 ABC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 13 ABC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND 52 ABC PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
NAVY	CAMP PENDLETON	CAMP PEND PHCY	CAMP PENDLETON	CAMP PENDLETON	CA	92055
ARMY	CAMP RED CLOUD	CAMP RED CLOUD CLINIC PHCY	SEOUL	APO	AP	96258
ARMY	CAMP SHELBY	CAMP SHELBY TMC PHCY	FT. GORDON	HATTIESBURG	MS	39401
NAVY	CAMP SMITH	CAMP SMITH PHARMACY	TRIPLER	CAMP SMITH	HI	96861
ARMY	CAMP STANLEY	CAMP STANLEY PHCY	SEOUL	APO	AP	96257
ARMY	CAMP WALKER	CAMP WALKER PHCY	SEOUL	APO	AP	96218
ARMY	CAMP ZAMA	CAMP ZAMA MAIN PHCY	YOKOSUKA	APO	AP	96338
AIR FORCE	CANNON	CANNON MAIN PHCY	CANNON	CANNON AFB	NM	88103
NAVY	CAPODICHINO	CAPODICHINO PHCY	NAPLES	FPO	AE	09622
AIR FORCE	CHARLESTON AFB	CHARLESTON AFB MAIN PHCY	CHARLESTON NH	CHARLESTON AFB	SC	29404
NAVY	CHARLESTON NH	CHARLESTON NH PHCY	CHARLESTON NH	GOOSE CREEK	SC	29445
NAVY	CHERRY POINT	CHERRY POINT PHCY	CAMP LEJEUNE	CHERRY POINT	NC	28533
NAVY	CHESAPEAKE	NMCPTSVA NORTHWEST NSG	PORTSMOUTH NMC	CHESAPEAKE	VA	23322
NAVY	CHESAPEAKE	PORTS VA TPC CHESAPEAKE	PORTSMOUTH NMC	CHESAPEAKE	VA	23320
NAVY	CHINA LAKE	CHINA LAKE PHCY	CAMP PENDLETON	CHINA LAKE	CA	93555
NAVY	CHINHAE	CHINHAE BMC PHCY	SEOUL	FPO	AP	96269
NAVY	CHULA VISTA	CHULA VISTA TOC PHCY	SAN DIEGO NMC	CHULA VISTA	CA	91911
ARMY	COLEMAN	COLEMAN PHCY	LANDSTUHL	APO	AE	09028
AIR FORCE	COLUMBUS	COLUMBUS PHCY	COLUMBUS	COLUMBUS AFB	MS	39710
NAVY	CORPUS CHRISTI	CORPUS CHRISTI PHCY	CORPUS CHRISTI	CORPUS CHRISTI	TX	78419
NAVY	CRANE	CRANE NHBC PHARMACY	PENSACOLA	CRANE	IN	47522
AIR FORCE	CROUGHTON	LAKENHEATH CROUGHTON	LAKENHEATH	CROUGHTON	AE	09494
AIR FORCE	DAVIS MONTHAN	DAVISON MAIN PHCY335TH MDG	DAVIS MONTHAN	TUCSON	AZ	85707
AIR FORCE	DAVIS MONTHAN	DAVISON SATL PHCY	DAVIS MONTHAN	TUCSON	AZ	85707
NAVY	DIEGO GARCIA	DIEGO GARCIA HS PHCY	YOKOSUKA	FPO	AP	96595
AIR FORCE	DOVER	DOVER MAIN PHCY	DOVER	DOVER AFB	DE	19902
ARMY	DUGWAY	DUGWAY HC PHCY	HILL	DUGWAY	UT	84022
AIR FORCE	DYESS	DYESS PHCY	DYESS	DYESS AFB	TX	79607
AIR FORCE	EDWARDS	EDWARDS PHCY	EDWARDS	EDWARDS AFB	CA	93524
AIR FORCE	EGLIN	EGLIN NOMAD MED CAB PHCY	EGLIN	EGLIN AFB	FL	32542
AIR FORCE	EGLIN	EGLIN BX SATL PHCY	EGLIN	EGLIN AFB	FL	32542
AIR FORCE	EGLIN	EGLIN CALL IN REFILLS PHCY	EGLIN	EGLIN AFB	FL	32542
AIR FORCE	EGLIN	EGLIN MAIN PHCY	EGLIN	EGLIN AFB	FL	32542
AIR FORCE	EIELSON	EIELSON PHCY 354TH MDG	FT. WAINWRIGHT	EIELSON AFB	AK	99702

Branch of Service	Site MTF	Pharmacy Name	CHCS Host	City	State	ZIP
NAVY	EL CENTRO	EL CENTRO PHCY	SAN DIEGO NMC	EL CENTRO	CA	92243
AIR FORCE	ELLSWORTH	ELLSWORTH PHCY 28TH MDG	ELLSWORTH	ELLSWORTH AFB	SD	57706
AIR FORCE	ELMENDORF	ELMENDORF PHCY	ELMENDORF	ELMENDORF AFB	AK	99506
NAVY	EVERETT	EVERETT SMOKEY POINT BMC PHCY	FT. LEWIS	EVERETT	WA	98207
NAVY	EVERETT	EVERETT PHCY	FT. LEWIS	EVERETT	WA	98207
AIR FORCE	FAIRCHILD	FAIRCHILD SCM PHCY	FAIRCHILD	FAIRCHILD AFB	WA	99011
AIR FORCE	FAIRCHILD	FAIRCHILD REFILL PHCY	FAIRCHILD	FAIRCHILD AFB	WA	99011
AIR FORCE	FAIRCHILD	FAIRCHILD MAIN PHCY 92ND MDG	FAIRCHILD	FAIRCHILD AFB	WA	99011
NAVY	FALLON	FALLON PHCY	LEMOORE	FALLON	NV	89496
ARMY	FT. BENNING	BENNING CBPCC PHCY	FT. BENNING	COLUMBUS	GA	31904
ARMY	FT. BENNING	BENNING CTMC PHCY	FT. BENNING	FORT BENNING	GA	31905
ARMY	FT. BENNING	BENNING REFILL PHCY	FT. BENNING	FT BENNING	GA	31905
ARMY	FT. BENNING	BENNING MAIN OP PHCY	FT. BENNING	FT BENNING	GA	31905
ARMY	FT. BLISS	BLISS NUCLEAR PHCY	FT. BLISS	EL PASO	TX	79920
ARMY	FT. BLISS	BLISS RANGE PHCY	FT. BLISS	CHAPARRREL	NM	88021
ARMY	FT. BLISS	BLISS HEM ONC PHCY	FT. BLISS	EL PASO	TX	79920
ARMY	FT. BLISS	BLISS EAST HD PHCY	FT. BLISS	FT BLISS	TX	79916
ARMY	FT. BLISS	BLISS INPAT PHCY	FT. BLISS	EL PASO	TX	79920
ARMY	FT. BLISS	BLISS REFILL PHCY	FT. BLISS	FT BLISS	TX	79916
ARMY	FT. BLISS	BLISS CONS TMC PHCY	FT. BLISS	FT BLISS	TX	79916
ARMY	FT. BLISS	BLISS SFCC PHCY	FT. BLISS	FT BLISS	TX	79918
ARMY	FT. BLISS	BLISS PX PHCY	FT. BLISS	FT BLISS	TX	79916
ARMY	FT. BLISS	BLISS MAIN OP PHCY	FT. BLISS	EL PASO	TX	79920
ARMY	FT. BRAGG	BRAGG INPAT NEW WAMC PHCY	FT. BRAGG	FT BRAGG	NC	28310
ARMY	FT. BRAGG	BRAGG ONC NEW WAMC PHCY	FT. BRAGG	FT BRAGG	NC	28310
ARMY	FT. BRAGG	BRAGG CBPCC FV PHCY	FT. BRAGG	FAYETTEVILLE	NC	28314
ARMY	FT. BRAGG	BRAGG CBPCC HM PHCY	FT. BRAGG	HOPE MILLS	NC	28348
ARMY	FT. BRAGG	BRAGG PX PHCY	FT. BRAGG	FT BRAGG	NC	28310
ARMY	FT. BRAGG	BRAGG JOEL HC PHCY	FT. BRAGG	FT BRAGG	NC	28310
ARMY	FT. BRAGG	BRAGG ROBINSON HC PHCY	FT. BRAGG	FT BRAGG	NC	28310
ARMY	FT. BRAGG	BRAGG CLARK HC PHCY	FT. BRAGG	FT BRAGG	NC	28310
ARMY	FT. BRAGG	BRAGG OP NEW WAMC PHCY	FT. BRAGG	FT BRAGG	NC	28310
ARMY	FT. BUCHANAN	BUCHANAN CALL-IN PHCY	FT GORDON	FT BUCHANAN	PR	00934
ARMY	FT. BUCHANAN	BUCHANAN OP PHCY	FT GORDON	FT BUCHANAN	PR	00934
ARMY	FT. CAMPBELL	CAMPB INPAT PHCY	FT. CAMPBELL	FT CAMPBELL	KY	42223
ARMY	FT. CAMPBELL	CAMPB # 5 TMC	FT. CAMPBELL	FT CAMPBELL	KY	42223
ARMY	FT. CAMPBELL	CAMPB CBPCC SE PHCY	FT. CAMPBELL	CLARRKSVILLE	TN	37040
ARMY	FT. CAMPBELL	CAMPB # 10 TMC PHCY	FT. CAMPBELL	FORT CAMPBELL	KY	42223
ARMY	FT. CAMPBELL	CAMPB LHC PHCY	FT. CAMPBELL	FT CAMPBELL	KY	42223
ARMY	FT. CAMPBELL	CAMPB REFILL PHCY	FT. CAMPBELL	FT CAMPBELL	KY	42223
ARMY	FT. CAMPBELL	CAMPB TOWN CENTER PHARMACY	FT. CAMPBELL	FT CAMPBELL	KY	42223
ARMY	FT. CAMPBELL	CAMPB MAIN OP PHCY	FT. CAMPBELL	FT CAMPBELL	KY	42223
ARMY	FT. CARSON	CARSON COMMISSARY PHARMACY	FT. CARSON	FT CARSON	CO	80913
ARMY	FT. CARSON	CARSON WTU PHCY	FT. CARSON	FT CARSON	CO	80913
ARMY	FT. CARSON	CARSON 10 TMC PHARMACY	FT. CARSON	FT CARSON	CO	80913
ARMY	FT. CARSON	CARSON PREMIER PHARMACY	FT. CARSON	COLORADO SPRINGS	CO	80907
ARMY	FT. CARSON	CARSON 9 TMC PHCY	FT. CARSON	FT CARSON	CO	80913
ARMY	FT. CARSON	CARSON IN PAT PHARMACY	FT. CARSON	FT CARSON	CO	80913
ARMY	FT. CARSON	CARSON SFCC PHCY	FT. CARSON	FORT CARSON	CO	80913
ARMY	FT. CARSON	CARSON MAIN PHCY	FT. CARSON	FT CARSON	CO	80913
ARMY	FT. DIX	DIX TMC PHCY	MCGUIRE	FT DIX	NJ	08640
ARMY	FT. DRUM	DRUM AVIATION TMC PHCY	FT. DRUM	FT DRUM	NY	13602
ARMY	FT. DRUM	DRUM WTU PHCY	FT. DRUM	FORT DRUM	NY	13602
ARMY	FT. DRUM	DRUM CONNOR TMC PHCY	FT. DRUM	FT DRUM	NY	13602
ARMY	FT. DRUM	DRUM MAIN PHCY	FT. DRUM	FT DRUM	NY	13602
ARMY	FT. EUSTIS	EUSTIS TMC 2 PHCY	PORTSMOUTH NMC	FORT EUSTIS	VA	23604
ARMY	FT. EUSTIS	EUSTIS TP PHCY	PORTSMOUTH NMC	FT EUSTIS	VA	23604
ARMY	FT. EUSTIS	EUSTIS REFILL PHCY	PORTSMOUTH NMC	FT EUSTIS	VA	23604
ARMY	FT. EUSTIS	EUSTIS MAIN PHCY	PORTSMOUTH NMC	FT EUSTIS	VA	23604
ARMY	FT. GORDON	GORDON CONNELLY PHCY	FT. GORDON	FT GORDON	GA	30905
ARMY	FT. GORDON	GORDON PX PHCY	FT. GORDON	FT GORDON	GA	30905
ARMY	FT. GORDON	GORDON OP PHCY	FT. GORDON	FT GORDON	GA	30905
ARMY	FT. HAMILTON	HAMILTON PHCY	WEST POINT	FT HAMILTON	NY	11252
ARMY	FT. HOOD	HOOD CBPCC KL PHCY	FT. HOOD	KILEEN	TX	76542
ARMY	FT. HOOD	HOOD TMHC PHCY	FT. HOOD	FORT HOOD	TX	76544
ARMY	FT. HOOD	HOOD CBPCC CC PHCY	FT. HOOD	COPPERAS COVE	TX	76522
ARMY	FT. HOOD	HOOD CBPCC HH PHCY	FT. HOOD	HARKER HEIGHTS	TX	76548
ARMY	FT. HOOD	HOOD MONROE TMC PHCY	FT. HOOD	FT HOOD	TX	76544
ARMY	FT. HOOD	HOOD WFH PHARMACY	FT. HOOD	FT HOOD	TX	76544
ARMY	FT. HOOD	HOOD BENNETT FC PHCY	FT. HOOD	FT HOOD	TX	76544
ARMY	FT. HOOD	HOOD MOORE CLINIC PHARMACY	FT. HOOD	FT HOOD	TX	76544
ARMY	FT. HOOD	HOOD REFILL PHCY	FT. HOOD	FT HOOD	TX	76544
ARMY	FT. HOOD	HOOD MAIN OP PHCY	FT. HOOD	FT HOOD	TX	76544
ARMY	FT. HUACHUCA	HUACHUCA PX PHCY	FT. HUACHUCA	FT HUACHUCA	AZ	85613
ARMY	FT. HUACHUCA	HUACHUCA MAIN PHCY	FT. HUACHUCA	FT HUACHUCA	AZ	85613
ARMY	FT. IRWIN	IRWIN PHARMACY	FT. IRWIN	FT IRWIN	CA	92310

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ARMY	FT. JACKSON	JACKSON SUPPORT PHCY	SHAW	FT JACKSON	SC	29207
ARMY	FT. JACKSON	JACKSON CBPCC PP PHCY	SHAW	COLUMBIA	SC	29223
ARMY	FT. JACKSON	JACKSON TMC PHCY	SHAW	FT JACKSON	SC	29207
ARMY	FT. JACKSON	JACKSON REFILL PHCY	SHAW	FT JACKSON	SC	29207
ARMY	FT. JACKSON	JACKSON MAIN OP PHCY	SHAW	FT JACKSON	SC	29207
ARMY	FT. KNOX	KNOX NELSON TMC PHCY	FT. KNOX	FT KNOX	KY	40121
ARMY	FT. KNOX	KNOX PX PHCY	FT. KNOX	FT KNOX	KY	40121
ARMY	FT. KNOX	KNOX MAIN PHCY	FT. KNOX	FT KNOX	KY	40121
ARMY	FT. LEAVENWORTH	LEAVENWORTH PHCY	FT. LEAVENWORTH	FT LEAVENWORTH	KS	66027
ARMY	FT. LEE	LEE BRIGADE AID STATION PHCY FT	PORTSMOUTH NMC	FT LEE	VA	23801
ARMY	FT. LEE	LEE TMC 2 PHCY	PORTSMOUTH NMC	FORT LEE	VA	23801
ARMY	FT. LEE	LEE MAIN PHCY	PORTSMOUTH NMC	FT LEE	VA	23801
ARMY	FT. LEONARD WOOD	L WOOD CLINIC ADMIN PHCY	FT. LEONARD WOOD	FT LEONARD WOOD	MO	65473
ARMY	FT. LEONARD WOOD	L WOOD PRESCRIPTION RNWL PHCY	FT. LEONARD WOOD	FT LEONARD WOOD	MO	65473
ARMY	FT. LEONARD WOOD	L WOOD SUPPORT PHARMACY	FT. LEONARD WOOD	FT LEONARD WOOD	MO	65473
ARMY	FT. LEONARD WOOD	LWOOD CBPCC PHCY	FT. LEONARD WOOD	SAINT ROBERT	MO	65584
ARMY	FT. LEONARD WOOD	L WOOD HP PHARMACY	FT. LEONARD WOOD	FT LEONARD WOOD	MO	65473
ARMY	FT. LEONARD WOOD	L WOOD CTMC PHARMACY	FT. LEONARD WOOD	FT LEONARD WOOD	MO	65473
ARMY	FT. LEONARD WOOD	L WOOD MAIN PHCY	FT. LEONARD WOOD	FT LEONARD WOOD	MO	65473
ARMY	FT. LEWIS	LEWIS ONCOLOGY PHCY	FT. LEWIS	TACOMA	WA	98431
ARMY	FT. LEWIS	LEWIS INPATIENT PHARMACY	FT. LEWIS	TACOMA	WA	98431
ARMY	FT. LEWIS	LEWIS PX PHCY	FT. LEWIS	FT LEWIS	WA	98433
ARMY	FT. LEWIS	MADIGAN PUYALLUP PHCY	FT. LEWIS	PUYALLUP	WA	98374
ARMY	FT. LEWIS	LEWIS OKUBO PHCY	FT. LEWIS	NORR FORT LEWIS	WA	98433
ARMY	FT. LEWIS	LEWIS NISQUALLY PHARMACY	FT. LEWIS	TACOMA	WA	98431
ARMY	FT. LEWIS	LEWIS MAIN PHCY	FT. LEWIS	TACOMA	WA	98431
ARMY	FT. MCCOY	MCCOY TMC PHCY	FT. KNOX	FT MCCOY	WI	54656
ARMY	FT. POLK	POLK PHCY	FT. POLK	FT POLK	LA	71459
ARMY	FT. RICHARDSON	RICHARDSON PHCY	ELMENDORF	FT WAINWRIGHT	AK	99703
ARMY	FT. RILEY	RILEY CTMC PHCY	FT. RILEY	FT RILEY	KS	66442
ARMY	FT. RILEY	RILEY SFCC PHCY	FT. RILEY	FT RILEY	KS	66442
ARMY	FT. RILEY	RILEY PX PHCY	FT. RILEY	FT RILEY	KS	66442
ARMY	FT. RILEY	RILEY MAIN PHCY	FT. RILEY	FT RILEY	KS	66442
ARMY	FT. RUCKER	RUCKER MAIN PHCY	FT. RUCKER	FT RUCKER	AL	36362
ARMY	FT. SAM HOUSTON	FT SAM INPAT PHARM	LACKLAND	FT SAM HOUSTON	TX	78234
ARMY	FT. SAM HOUSTON	FT SAM HEM ONC PHARM	LACKLAND	FT SAM HOUSTON	TX	78234
ARMY	FT. SAM HOUSTON	FT SAM CBPCC SZ PHCY	LACKLAND	SCHERTZ	TX	78154
ARMY	FT. SAM HOUSTON	FT SAM PEDS PHCY	LACKLAND	FT SAM HOUSTON	TX	78234
ARMY	FT. SAM HOUSTON	FR SAM TMC PHCY	LACKLAND	FT SAM HOUSTON	TX	78234
ARMY	FT. SAM HOUSTON	FT SAM PC PHCY	LACKLAND	SAN ANTONIO	TX	78234
ARMY	FT. SAM HOUSTON	FT SAM UCC PHCY	LACKLAND	FT SAM HOUSTON	TX	78234
ARMY	FT. SAM HOUSTON	FT SAM MAIN OP PHCY	LACKLAND	FT SAM HOUSTON	TX	78234
ARMY	FT. SAM HOUSTON	FT SAM REFILL PHCY	LACKLAND	FT SAM HOUSTON	TX	78234
ARMY	FT. SILL	SILL TMC #1 PHCY	FT. SILL	FORT SILL	OK	73503
ARMY	FT. SILL	SILL TMC PHCY	FT. SILL	FT SILL	OK	73503
ARMY	FT. SILL	SILL CBPCC PHCY	FT. SILL	LAWTON	OK	73505
ARMY	FT. SILL	SILL COMMISSARY PHCY	FT. SILL	FT SILL	OK	73503
ARMY	FT. SILL	SILL MAIN OP PHCY	FT. SILL	FT SILL	OK	73503
ARMY	FT. STEWART	STEWART INPAT PHCY	FT. STEWART	FT STEWART	GA	31314
ARMY	FT. STEWART	STEWART BCT TMC PHCY	FT. STEWART	FT STEWART	GA	31314
ARMY	FT. STEWART	STEWART CBPCC RH PHCY	FT. STEWART	RICHMOND HILL	GA	31324
ARMY	FT. STEWART	STEWART CTMC	FT. STEWART	FT STEWART	GA	31314
ARMY	FT. STEWART	WINN ARMY COMMUNITY HOSPTPC	FT. STEWART	FT STEWART	GA	31314
ARMY	FT. STORY	STORY PHCY	PORTSMOUTH NMC	FT STORY	VA	23459
ARMY	FT. WAINWRIGHT	WAINWRIGHT KAMISH CLIN PHCY	FT. WAINWRIGHT	FT WAINWRIGHT	AK	99703
ARMY	FT. WAINWRIGHT	WAINWRIGHT BASSETT PHCY	FT. WAINWRIGHT	FT WAINWRIGHT	AK	99703
NAVY	FT. WORTH	FT WORTH JT RES BASE PHCY	CORPUS CHRISTI	FT WORTH	TX	76127
AIR FORCE	GEILENKIRCHEN	GEILENKIRCHEN PHCY	LANDSTUHL	APO	AE	09104
AIR FORCE	GOODFELLOW	GOODFELLOW PHCY	GOODFELLOW	GOOD FELLOW AFB	TX	76908
ARMY	GRAFENWOEHR	GRAFENWOEHR PHCY	LANDSTUHL	APO	AE	09114
AIR FORCE	GRAND FORKS	GRAND FORKS PHCY 319TH MDG	GRAND FORKS	GRAND FORKS AFB	ND	58205
NAVY	GREAT LAKES	GREAT LAKES BMC 237 PHCY	GREAT LAKES	GREAT LAKES	IL	60088
NAVY	GREAT LAKES	USS TRANQ DENTAL PHCY	GREAT LAKES	GREAT LAKES	IL	60088
NAVY	GREAT LAKES	GREAT LAKES BURKEY MALL PHCY	GREAT LAKES	GREAT LAKES	IL	60088
NAVY	GREAT LAKES	GREAT LAKES NH PHCY	GREAT LAKES	GREAT LAKES	IL	60064
NAVY	GREAT LAKES	USS TRANQ MAIN PHCY	GREAT LAKES	GREAT LAKES	IL	60088
NAVY	GROTON	GROTON MAIN PHCY	GROTON	GROTON	CT	06349
NAVY	GUAM	GUAM NAVACTS PHCY	GUAM US	DEDEDO	GU	96540
NAVY	GUAM	GUAM NH PHCY	GUAM US	AGANA	GU	96910
NAVY	GUANTANAMO BAY	GUANTANAMO BAY FLEET HOSP 20 PH	GUANTANAMO BAY	GUANTANAMO BAY	AE	09502
NAVY	GUANTANAMO BAY	GUANTANAMO BAY PHCY	GUANTANAMO BAY	FPO	AE	09593
NAVY	GULFPORT	GULFPORT NHBC PHCY	PENSACOLA	GULFPORT	MS	39501
AIR FORCE	HANSCOM	HANSCOM PHCY 66TH MDG	HANSCOM	HANSCOM AFB	MA	01731
ARMY	HEIDELBERG	HEIDELBERG PHCY	LANDSTUHL	APO	AE	09102
AIR FORCE	HICKAM	HICKAM PHCY	TRIPLER	HICKAM AFB	HI	96853
AIR FORCE	HILL	HILL MAIN PHCY	HILL	HILL AFB	UT	84056

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ARMY	HOHENFELS	HOHENFELS PHCY	LANDSTUHL	APO	AE	09173
AIR FORCE	HOLLOMAN	HOLLOMAN PHCY	HOLLOMAN	HOLLOMAN A F B	NM	88330
ARMY	HONOLULU	HONOLULU VA PHCY MAIN	TRIPLER	HONOLULU	HI	96859
ARMY	HUNTER AIR FIELD	HUNTER AF PHCY	FT. STEWART	SAVANNAH	GA	31409
AIR FORCE	HURLBURT FIELD	HURLBURT MAIN PHCY	EGLIN	HURLBURT FIELD	FL	32544
ARMY	ILLESHEIM	ILLESHEIM PHCY	LANDSTUHL	APO	AE	09140
AIR FORCE	INCIRLIK	INCIRLIK PHCY	INCIRLIK	APO	AE	09824
NAVY	IWAKUNI	IWAKUNI BMC MCAS PHCY	YOKOSUKA	FPO	AP	96310
NAVY	JACKSONVILLE	JACKSNVLE BMC PHCY	JACKSONVILLE	JACKSONVILLE	FL	32214
NAVY	JACKSONVILLE	JACKSONVLE SATL PHCY	JACKSONVILLE	JACKSONVILLE	FL	32214
NAVY	JACKSONVILLE	JACKSNVLE MAIN PHCY	JACKSONVILLE	JACKSONVILLE	FL	32214
AIR FORCE	KADENA	KADENA PHCY	OKINAWA	APO	AP	96368
ARMY	KAISERSLAUTERN	KAISERSLAUTERN PHCY	LANDSTUHL	APO	AE	09227
NAVY	KANEOHE BAY	KANEOHE BAY PHCY	TRIPLER	KANEOHE	HI	96863
ARMY	KATTERBACH	KATTERBACH PHCY	LANDSTUHL	APO	AE	09250
AIR FORCE	KEESLER	KEESLER MAIN PHCY	KEESLER	KEESLER AFB	MS	39534
AIR FORCE	KEESLER	KEESLER SATL PHCY	KEESLER	KEESLER AFB	MS	39534
AIR FORCE	KELLY	KELLY OP PHCY	LACKLAND	KELLY AFB	TX	78241
NAVY	KEY WEST	BRANCH HEALTH CLINIC	JACKSONVILLE	KEY WEST	FL	33040
NAVY	KINGS BAY	KINGS BAY PHCY	JACKSONVILLE	KINGS BAY	GA	31547
NAVY	KINGSVILLE	KINGSVILLE PHCY	CORPUS CHRISTI	KINGSVILLE	TX	78363
AIR FORCE	KIRTLAND	KIRTLAND REFILL PHCY	KIRTLAND	ALBUQUERQUE	NM	87108
AIR FORCE	KIRTLAND	KIRTLAND MAIN OP PHCY 377TH MDG	KIRTLAND	KIRTLAND AFB	NM	87117
ARMY	KOSOVO	KOSOVO PHARMACY	LANDSTUHL	KOSOVO	AE	09340
AIR FORCE	KUNSAN	KUNSAN PHCY	KUNSAN	APO	AP	96264
AIR FORCE	LACKLAND	LACKLAND NCFC PHARMACY	LACKLAND	SAN ANTONIO	TX	78232
AIR FORCE	LACKLAND	LACKLAND ER PHCY	LACKLAND	LACKLAND AFB	TX	78236
AIR FORCE	LACKLAND	LACKLAND PC PHCY	LACKLAND	LACKLAND AFB	TX	78236
AIR FORCE	LACKLAND	LACKLAND MAIN OP PHCY	LACKLAND	LACKLAND AFB	TX	78236
AIR FORCE	LACKLAND	LACKLAND REID OP PHARMACY	LACKLAND	LACKLAND AFB	TX	78236
AIR FORCE	LACKLAND	LACKLAND REFILL PHCY	LACKLAND	LACKLAND AFB	TX	78236
AIR FORCE	LAJES	LAJES FIELD PHCY	LAJES	APO	AE	09720
AIR FORCE	LAKENHEATH	LAKENHEATH PHCY 48TH MDG	LAKENHEATH	APO	AE	09464
ARMY	LANDSTUHL	LANDSTUHL PHCY	LANDSTUHL	APO	AE	09180
AIR FORCE	LANGLEY	LANGLEY CALL IN PHCY	PORTSMOUTH NMC	LANGLEY AFB	VA	23665
AIR FORCE	LANGLEY	LANGLEY RIGHT PHCY	PORTSMOUTH NMC	LANGLEY AFB	VA	23665
AIR FORCE	LAUGHLIN	LAUGHLIN PHCY	LAUGHLIN	LAUGHLIN AFB	TX	78843
NAVY	LEMOORE	LEMOORE OPS SIDE CLINIC PHCY	LEMOORE	NAS LEMOORE	CA	93245
NAVY	LEMOORE	LEMOORE PHCY	LEMOORE	LEMOORE NAS	CA	93246
AIR FORCE	LITTLE ROCK	LITTLE ROCK POE PHCY	LITTLE ROCK	LITTLE ROCK AFB	AR	72099
AIR FORCE	LITTLE ROCK	LITTLE ROCK MAIN PHCY	LITTLE ROCK	LITTLE ROCK AFB	AR	72099
AIR FORCE	LITTLE ROCK	LITTLE ROCK REFILL PHCY	LITTLE ROCK	LITTLE ROCK AFB	AR	72099
ARMY	LIVORNO	LIVORNO PHCY	LANDSTUHL	APO	AE	09613
AIR FORCE	LOS ANGELES	LOS ANGELES PHCY 61ST MDS	LOS ANGELES	EL SEGUNDO	CA	90245
AIR FORCE	LUKE	LUKE SATL PHCY	LUKE	LUKE AFB	AZ	85309
AIR FORCE	LUKE	LUKE HOSP PHCY	LUKE	LUKE AFB	AZ	85309
AIR FORCE	LUKE	LUKE REFILL PHCY	LUKE	LUKE AFB	AZ	85309
AIR FORCE	MACDILL	MACDILL REFILL PHCY	MACDILL	MACDILL AFB	FL	33621
AIR FORCE	MACDILL	MACDILL BRANDON PHARMACY	MACDILL	MACDILL AFB	FL	33621
AIR FORCE	MACDILL	MACDILL MAIN PHCY 6TH MDG	MACDILL	MACDILL AFB	FL	33621
AIR FORCE	MACDILL	MACDILL PHARMACARE CTR PHCY	MACDILL	MACDILL AFB	FL	33621
AIR FORCE	MALMSTROM	MALMSTROM PHCY	MALMSTROM	MALMSTROM AFB	MT	59402
AIR FORCE	MAXWELL	MAXWELL GUNTER PHCY	MAXWELL	MAXWELL AFB	AL	36112
AIR FORCE	MAXWELL	MAXWELL MAIN PHCY42ND MDG	MAXWELL	MAXWELL AFB	AL	36112
NAVY	MAYPORT	MAYPORT PHCY	JACKSONVILLE	MAYPORT	FL	32228
ARMY	MCCHORD	MCCHORD CLINIC PHARMACY	FT. LEWIS	MCCHORD AFB	WA	98438
AIR FORCE	MCCONNELL	MCCONNELL HD PHCY	MCCONNELL	MCCONNELL AFB	KS	67221
AIR FORCE	MCCONNELL	MCCONNELL SPO PHCY	MCCONNELL	MCCONNELL AFB	KS	67221
AIR FORCE	MCCONNELL	MCCONNELL OUTPATIENT PHCY	MCCONNELL	MCCONNELL AFB	KS	67221
AIR FORCE	MCGUIRE/ FT. DIX	MCGUIRE PHCY	MCGUIRE	FT DIX	NJ	08640
AIR FORCE	MENWITH HILL	MENWITH HILL PHCY	LAKENHEATH	LAKENHEATH	AE	09468
NAVY	MERIDIAN	MERIDIAN PHCY	PENSACOLA	MERIDIAN	MS	39309
NAVY	MILLINGTON	MILLINGTON NAVEX PHCY	PENSACOLA	MILLINGTON	TN	38054
NAVY	MILLINGTON	MILLINGTON PHCY	PENSACOLA	MILLINGTON	TN	38054
NAVY	MILTON	MILTON WHITING FIELD BMC PHCY	PENSACOLA	MILTON	FL	32570
AIR FORCE	MINOT	MINOT PHCY	MINOT	MINOT AFB	ND	58705
AIR FORCE	MISAWA	MISAWA PHCY	MISAWA	APO	AP	96319
ARMY	MONTEREY	MONTEREY MD PHCY	TRAVIS	MONTEREY	CA	93944
ARMY	MONTEREY	MONTEREY PHCY PRESIDIO OF	TRAVIS	MONTEREY	CA	93944
AIR FORCE	MOODY	MOODY PHCY 23RD MDG	MOODY	MOODY AFB	GA	31699
AIR FORCE	MOUNTAIN HOME	MT HOME OP PHCY	MOUNTAIN HOME	MOUNTAIN HOME AFB	ID	83648
NAVY	NAPLES	NAPLES PHCY	NAPLES	FPO	AE	09617
ARMY	NCA-ABERDEEN	ABERDEEN UCC PHCY	NCA-BETHESDA	ABERDEEN PG	MD	21005
ARMY	NCA-ABERDEEN	ABERDEEN CALL-IN PHCY	NCA-BETHESDA	ABERDEEN PG	MD	21005
ARMY	NCA-ABERDEEN	ABERDEEN MAIN PHCY	NCA-BETHESDA	ABERDEEN PG	MD	21005
AIR FORCE	NCA-ANDREWS	ANDREWS NMMC REF PHCY	NCA-BETHESDA	ANDREWS AFB	MD	20762

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AIR FORCE	NCA-ANDREWS	ANDREWS SATELLITE PHCY	NCA-BETHESDA	ANDREWS AFB	MD	20762
AIR FORCE	NCA-ANDREWS	ANDREWS MAIN PHCY	NCA-BETHESDA	ANDREWS AFB	MD	20762
NAVY	NCA-ANNAPOLIS	ANNAPOLIS MAIN PHCY	NCA-BETHESDA	ANNAPOLIS	MD	21403
NAVY	NCA-BETHESDA	BETHESDA KNOLLWOOD PHCY	NCA-BETHESDA	BETHESDA	MD	20889
NAVY	NCA-BETHESDA	BETHESDA FALCON PHCY	NCA-BETHESDA	BETHESDA	MD	20889
NAVY	NCA-BETHESDA	BETHESDA DISCHARGE SATELLITE PHCY	NCA-BETHESDA	BETHESDA	MD	20889
NAVY	NCA-BETHESDA	BETHESDA HEM ONC PHCY	NCA-BETHESDA	BETHESDA	MD	20889
NAVY	NCA-BETHESDA	BETHESDA REFILL BLDG 19 PHCY	NCA-BETHESDA	BETHESDA	MD	20889
NAVY	NCA-BETHESDA	BETHESDA BLDG 19 PHCY	NCA-BETHESDA	BETHESDA	MD	20889
NAVY	NCA-BETHESDA	BETHESDA MAIN PHCY	NCA-BETHESDA	BETHESDA	MD	20889
AIR FORCE	NCA-BOLLING	BOLLING NMMC REF PHCY	NCA-BETHESDA	BOLLING AFB	DC	20032
AIR FORCE	NCA-BOLLING	BOLLING PHARMACY	NCA-BETHESDA	BOLLING	DC	20330
ARMY	NCA-CARLISLE	CARLISLE DUNHAM MAIN PHCY	NCA-BETHESDA	CARLISLE BARRACKS	PA	17013
NAVY	NCA-DAHLGREN	DAHLGREN PHARMACY	NCA-BETHESDA	DAHLGREN	VA	22428
NAVY	NCA-EARLE	EARLE MAIN PHCY	NCA-BETHESDA	LEONARDO	NJ	07737
ARMY	NCA-FAIRFAX	FAIRFAX MAIN PHCY	NCA-BETHESDA	FAIRFAX	VA	22030
ARMY	NCA-FT BELVOIR	BELVOIR AP HILL RPH PHCY	NCA-BETHESDA	FT BELVOIR	VA	22060
ARMY	NCA-FT BELVOIR	BELVOIR AMBULATORY PHCY	NCA-BETHESDA	FT BELVOIR	VA	22060
ARMY	NCA-FT BELVOIR	BELVOIR PX ANNEX PHCY	NCA-BETHESDA	FT BELVOIR	VA	22060
ARMY	NCA-FT BELVOIR	BELVOIR NON-FORMULARY PHCY	NCA-BETHESDA	FT BELVOIR	VA	22060
ARMY	NCA-FT DETRICK	DETRICK PHCY	NCA-BETHESDA	FT DETRICK	MD	21702
ARMY	NCA-FT MEADE	MEADE SPP PHCY	NCA-BETHESDA	FT MEADE	MD	20755
ARMY	NCA-FT MEADE	MEADE WELLNESS PHCY	NCA-BETHESDA	FT MEADE	MD	20755
ARMY	NCA-FT MEADE	MEADE CIVILIAN RX PHCY	NCA-BETHESDA	FT MEADE	MD	20755
ARMY	NCA-FT MEADE	MEADE CALL-IN PHCY	NCA-BETHESDA	FT MEADE	MD	20755
ARMY	NCA-FT MEADE	MEADE MAIN PHCY	NCA-BETHESDA	FT MEADE	MD	20755
ARMY	NCA-FT MYER	MYER MAIN PHCY	NCA-BETHESDA	FT MYER	VA	22211
NAVY	NCA-INDIAN HEAD	INDIAN HEAD PHCY	NCA-BETHESDA	INDIAN HEAD	MD	20640
NAVY	NCA-PATUXENT RIVER	PAX RIVER PHCY	NCA-BETHESDA	PATUXENT RIVER	MD	20670
NAVY	NCA-QUANTICO	QUANTICO OCS PHCY	NCA-BETHESDA	QUANTICO	VA	22134
NAVY	NCA-QUANTICO	QUANTICO TBS PHCY	NCA-BETHESDA	QUANTICO	VA	22134
NAVY	NCA-QUANTICO	QUANTICO MAIN PHCY	NCA-BETHESDA	QUANTICO	VA	22134
NAVY	NCA-SUGAR GROVE	SUGAR GROVE PHCY	NCA-BETHESDA	SUGAR GROVE	WV	26815
ARMY	NCA-WALTER REED	WALTER REED SOLDIERS HOME PHCY	NCA-BETHESDA	WASHINGTON	DC	20307
ARMY	NCA-WASH DC DTHC	WASH DC DTHC HLTH CLINIC PHCY	NCA-BETHESDA	WASHINGTON	DC	20310
AIR FORCE	NCA-WASH DC PENT FLIGHT	WASH DC PENTAGON FLIGHT PHCY	NCA-BETHESDA	WASHINGTON	DC	20330
NAVY	NCA-WASH DC WNY	WASH DC WNY PHCY	NCA-BETHESDA	WASHINGTON	DC	20374
ARMY	NCA-WOODBRIDGE	WOODBIDGE MAIN PHCY	NCA-BETHESDA	DUMFRIES	VA	22025
AIR FORCE	NELLIS	NELLIS INPAT PHCY	NELLIS	LAS VEGAS	NV	89191
AIR FORCE	NELLIS	NELLIS BRAVO PHCY	NELLIS	LAS VEGAS	NV	89191
AIR FORCE	NELLIS	NELLIS ALPHA PHCY MAIN	NELLIS	LAS VEGAS	NV	89191
NAVY	NEW ORLEANS	NEW ORLEANS BELLE CHASSE PHCY	PENSACOLA	NEW ORLEANS	LA	70143
NAVY	NEWPORT	NEWPORT KING HALL PHCY	GROTON	KING HALL	RI	02841
NAVY	NEWPORT	NEWPORT MAIN PHCY	GROTON	NEWPORT	RI	02841
NAVY	NORFOLK	PORTS VA BHC SEWELLS PT	PORTSMOUTH NMC	NORFOLK	VA	23511
NAVY	NORFOLK - LITTLE CREEK	PORTS VA BHC LITTLE CRK	PORTSMOUTH NMC	NORFOLK	VA	23521
NAVY	OAK HARBOR	OAK HARBOR PHCY	FT. LEWIS	OAK HARBER	WA	98278
NAVY	OCEANSIDE	OCEANSIDE TOC PHCY	CAMP PENDLETON	OCEANSIDE	CA	92054
AIR FORCE	OFFUTT	OFFUTT SATL PHCY	OFFUTT	OFFUTT	NE	68113
AIR FORCE	OFFUTT	OFFUTT MAIN PHCY	OFFUTT	BELLEVUE	NE	68123
NAVY	OKINAWA	OKINAWA SCHWAB PHCY	OKINAWA	FPO	AP	96604
NAVY	OKINAWA	OKINAWA FUTENMA PHCY	OKINAWA	FPO	AP	96372
NAVY	OKINAWA	OKINAWA HANSEN PHCY	OKINAWA	FPO	AP	86604
NAVY	OKINAWA	OKINAWA KINSER PHCY	OKINAWA	FPO	AP	96362
NAVY	OKINAWA	OKINAWA EVANS PHCY	OKINAWA	FPO	AP	96362
NAVY	OKINAWA	OKINAWA BUSH PHCY	OKINAWA	FPO	AP	96362
NAVY	OKINAWA	OKINAWA OP PHCY	OKINAWA	FPO	AP	96362
AIR FORCE	OSAN	OSAN OP PHCY	OSAN	APO	AP	96278
NAVY	PANAMA CITY	PANAMA CITY PHCY	PENSACOLA	PANAMA CITY	FL	32407
NAVY	PARRIS ISLAND	PARRIS ISLAND PHCY	CHARLESTON NH	PARRIS ISLAND	SC	29905
AIR FORCE	PATRICK	PATRICK MAIN PHCY 45TH MDG	PATRICK	PATRICK AFB	FL	32925
AIR FORCE	PATRICK	PATRICK SATL PHCY	PATRICK	PATRICK AFB	FL	32925
NAVY	PEARL HARBOR	PEARL HARBOR MAKALAPA PHCY	TRIPLER	PEARL HARBOR	HI	96860
NAVY	PENSACOLA	PENSACOLA MAIN PHCY	PENSACOLA	PENSACOLA	FL	32512
NAVY	PENSACOLA - CORRY	PENSACOLA CORRY BMC PHCY	PENSACOLA	PENSACOLA	FL	32511
NAVY	PENSACOLA - NAS	PENSACOLA NAS BMC PHCY	PENSACOLA	PENSACOLA	FL	32508
NAVY	PENSACOLA - NATTC	PENSACOLA NATTC BMC PHCY	PENSACOLA	PENSACOLA	FL	32508
AIR FORCE	PETERSON	PETERSON PHARMACY	FT. CARSON	PETERSON AFB	CO	80910
AIR FORCE	PIKES PEAK JOINT RPC	USAF REFILL PROCESSING CENTER	FT. CARSON	USAF ACADEMY	CO	80840
AIR FORCE	PIKES PEAK JOINT RPC	PETERSON AFB REFILL PROCESSING	FT. CARSON	USAF ACADEMY	CO	80840
ARMY	PIKES PEAK JOINT RPC	FORT CARSON REFILL PROCESSING	FT. CARSON	USAF ACADEMY	CO	80840
ARMY	PINE BLUFF	PINE BLUFF ARSENAL PHCY	FT. SILL	PINE BLUFF	AR	71602
NAVY	POINT MUGU	POINT MUGU PHCY	CAMP PENDLETON	POINT MUGU	CA	93042
ARMY	POPE	POPE PHCY	FT. BRAGG	POPE AFB	NC	28308
NAVY	PORT HUENEME	PT HUENEME PHCY	CAMP PENDLETON	PORT HUENEME	CA	93043
NAVY	PORTSMOUTH NMC, VA	NMCPSTVA SCOTT CTR	PORTSMOUTH NMC	PORTSMOUTH	VA	23708

Branch of Service	Site MTF	Pharmacy Name	CHCS Host	City	State	ZIP
NAVY	PORTSMOUTH NMC, VA	PORTS VA NMC PORTS MOUTH	PORTSMOUTH NMC	PORTSMOUTH	VA	23708
NAVY	PORTSMOUTH, NH	PTSMTH NACC PHCY	GROTON	PORTSMOUTH	NH	03801
AIR FORCE	RAMSTEIN	RAMSTEIN SCM PHCY	LANDSTUHL	APO AE	AE	09049
AIR FORCE	RAMSTEIN	RAMSTEIN PHCY	LANDSTUHL	APO	AE	09094
AIR FORCE	RANDOLPH	RANDOLPH BX PHCY	LACKLAND	RANDOLPH AFB	TX	78150
AIR FORCE	RANDOLPH	RANDOLPH PHCY	LACKLAND	UNIVERSAL CITY	TX	78150
ARMY	REDSTONE ARSENAL	REDSTONE PHCY	REDSTONE ARSENAL	REDSTONE ARSENAL	AL	35809
AIR FORCE	ROBINS	ROBINS PHCY	ROBINS	ROBINS AFB	GA	31098
ARMY	ROCK ISLAND	ROCK ISLAND ARSENAL PHCY	FT. KNOX	ROCK ISLAND	IL	61299
NAVY	ROTA	ROTA MAIN PHARMACY	ROTA US	FPO	AE	09645
NAVY	SAN DIEGO - 32ND ST NAVAL STAT	SAN DG 32ND ST NS PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92136
NAVY	SAN DIEGO - CLAIREMONT	SAN DG CLAIREMONT TOC PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92123
NAVY	SAN DIEGO - MCRD	SAN DG MCRD PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92140
NAVY	SAN DIEGO - MIRAMAR	SAN DG MIRAMAR PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92145
NAVY	SAN DIEGO - NAVEX (32ND ST)	SAN DG NAVEX 32ND ST PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92136
NAVY	SAN DIEGO - NORTH ISLAND	SAN DG NORTH ISLAND PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92135
NAVY	SAN DIEGO - NTC	SAN DG NTC PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92106
NAVY	SAN DIEGO - SANTEE	SAN DG SANTEE PHCY	SAN DIEGO NMC	SANTEE	CA	92071
NAVY	SAN DIEGO - TOC EL	SAN DG TOC EL PHCY	SAN DIEGO NMC	CHULA VISTA	CA	91941
NAVY	SAN DIEGO NMC	SAN DG DC NMCS PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92134
NAVY	SAN DIEGO NMC	SAN DG INT MED NMCS PHCY	SAN DIEGO NMC	SAN DIEGO	CA	92134
NAVY	SAN DIEGO NMC	SAN DG NMC PHCY PARENT	SAN DIEGO NMC	SAN DIEGO	CA	92134
NAVY	SAN DIEGO NMC CMOP	SAN DG NMC CMOP	SAN DIEGO NMC	SAN DIEGO	CA	92134
NAVY	SASEBO	SASEBO HARIO ANNEX PHCY	YOKOSUKA	FPO	AP	96321
NAVY	SASEBO	SASEBO BMC PHCY	YOKOSUKA	FPO	AP	96322
ARMY	SCHOFIELD BARRACKS	SCHOFIELD PHCY	TRIPLER	SCHOFIELD BARRACKS	HI	96857
AIR FORCE	SCHRIEVER	SCHRIEVER PHARMACY	FT. CARSON	SCHRIEVER AFB	CO	80912
ARMY	SCHWEINFURT	SCHWEINFURT PHCY	LANDSTUHL	APO	AE	09033
AIR FORCE	SCOTT	SCOTT SATL PHCY	SCOTT	SCOTT AFB	IL	62225
AIR FORCE	SCOTT	SCOTT MAIN PHCY	SCOTT	SCOTT AFB	IL	62225
AIR FORCE	SEYMOUR-JOHNSON	SEYJOHN SATL PHCY	SEYMOUR-JOHNSON	SJAFB	NC	27531
AIR FORCE	SEYMOUR-JOHNSON	SEYJOHN PHCY 4TH MDG	SEYMOUR-JOHNSON	SEYMOUR JOHNSON AF	NC	27531
ARMY	SHAPE	SHAPE PHCY	LANDSTUHL	APO	AE	09705
AIR FORCE	SHAW	SHAW MAIN PHARMACY	SHAW	SHAW AFB	SC	29152
AIR FORCE	SHEPPARD	SHEPPARD SATL PHCY	SHEPPARD	SHEPPARD AFB	TX	76311
AIR FORCE	SHEPPARD	SHEPPARD OP PHCY	SHEPPARD	SHEPPARD AFB	TX	76311
NAVY	SIGONELLA	SIGONELLA FLIGHT LINE PHCY	SIGONELLA	FPO	AE	09636
NAVY	SIGONELLA	SIGONELLA MAIN PHCY	SIGONELLA	FPO	AE	09636
NAVY	SILVERDALE	SILVERDALE BANGOR PHARMACY	FT. LEWIS	SILVERDALE	WA	98315
NAVY	SOUA BAY	SOUA BAY PHCY	SIGONELLA	FPO	AE	09865
ARMY	SOUTHCOM	SOUTHCOM PHCY	FT. GORDON	MIAMI	FL	33172
AIR FORCE	SPANGDALEM	SPANGDALEM SDL PHCY	LANDSTUHL	APO	AE	09126
ARMY	STUTTGART	STUTTGART PATCH PHCY	LANDSTUHL	APO	AE	09131
AIR FORCE	TINKER	TINKER PHCY	TINKER	TINKER AFB	OK	73145
AIR FORCE	TRAVIS	TRAVIS BX OP PHCY	TRAVIS	TRAVIS AFB	CA	94535
AIR FORCE	TRAVIS	TRAVIS NO NEW REFILL PHCY	TRAVIS	TRAVIS AFB	CA	94535
AIR FORCE	TRAVIS	TRAVIS 1ST FLR OP PHCY	TRAVIS	TRAVIS AFB	CA	94535
ARMY	TRIPLER	TRIPLER REFILL PHCY	TRIPLER	TRIPLER AMC	HI	96859
ARMY	TRIPLER	TRIPLER HEM ONC PHCY	TRIPLER	TRIPLER AMC	HI	96859
ARMY	TRIPLER	TRIPLER CBPCC WO CALL-IN PHCY	TRIPLER	KAPOLEI	HI	96707
ARMY	TRIPLER	TRIPLER CBPCC WO PHCY	TRIPLER	KAPOLEI	HI	96707
ARMY	TRIPLER	TRIPLER NEX PHCY	TRIPLER	TRIPLER AMC	HI	96859
ARMY	TRIPLER	TRIPLER MAIN OP PHCY	TRIPLER	TRIPLER AMC	HI	96859
NAVY	TWENTY-NINE PALMS	29 PALMS MSC PHCY	CAMP PENDLETON	TWENTYNINE PALMS	CA	92278
NAVY	TWENTY-NINE PALMS	29 PALMS MAIN PHCY	CAMP PENDLETON	TWENTYNINE PALMS	CA	92278
AIR FORCE	TYNDALL	TYNDALL HOSPITAL PHARMACY	TYNDALL	TYNDALL AFB	FL	32403
AIR FORCE	UPWOOD	UPWOOD CLINIC PHCY	LAKENHEATH	APO	AE	09470
AIR FORCE	USAF ACADEMY	USAF CADET CLN PHCY	FT. CARSON	USAF ACADEMY	CO	80840
AIR FORCE	USAF ACADEMY	USAF COMMUNITY PHCY	FT. CARSON	USAF ACADEMY	CO	80840
AIR FORCE	USAF ACADEMY	USAF MAIN OP PHCY	FT. CARSON	US AIR FORCE ACMDY	CO	80840
ARMY	USAH - YONGSAN	USAH YONGSAN	SEOUL	YONGSAN	AP	96205
AIR FORCE	VANCE	VANCE PHCY 71ST MDG	VANCE	ENID	OK	73705
AIR FORCE	VANDENBERG	VANDENBERG PHCY	VANDENBERG	VANDENBERG AFB	CA	93437
ARMY	VICENZA	VINCENZA PHCY	LANDSTUHL	APO	AE	09630
ARMY	VILSECK	VILSECK PHCY	LANDSTUHL	APO	AE	09112
NAVY	VIRGINIA BEACH - DAMNECK	PORTS VA BHC DAM NECK	PORTSMOUTH NMC	VIRGINIA BEACH	VA	23461
NAVY	VIRGINIA BEACH - OCEANA	PORTS VA BHC OCEANA	PORTSMOUTH NMC	VIRGINIA BEACH	VA	23460
NAVY	VIRGINIA BEACH - TOC	PORTS VA TPC VA BEACH	PORTSMOUTH NMC	VIRGINIA BEACH	VA	23456
NAVY	WAHIAWA	WAHIAWA ANNEX PHARMACY	TRIPLER	WAHIAWA	HI	96786
AIR FORCE	WARREN	WARREN PHCY	WARREN	FE WARREN	WY	82005
ARMY	WEST POINT	WEST PT CADET HC PHCY	WEST POINT	WEST POINT	NY	10996
ARMY	WEST POINT	WEST PT MAIN PHCY	WEST POINT	WEST POINT	NY	10996
ARMY	WHITE SANDS MISSILE RANGE	WHITE SANDS MISSILE RANGE PHCY	FT. BLISS	WHT SANDS MISSILE	NM	88002
AIR FORCE	WHITEMAN	WHITEMAN PHCY	WHITEMAN	WHITEMAN AFB	MO	65305
ARMY	WIESBADEN	WIESBADEN PHCY	LANDSTUHL	APO	AE	09096
AIR FORCE	WRIGHT PATTERSON	WRPAT TELEPHONE CONSULT PHCY	WRIGHT PATTERSON	WRIGHT PATTERSON	OH	45433

Branch of Service	Site MTF	Pharmacy Name	CHCS Host	City	State	ZIP
AIR FORCE	WRIGHT PATTERSON	WRPAT KITTYHAWK PHCY	WRIGHT PATTERSON	WRIGHT PATTERSON	OH	45433
NAVY	YOKOSUKA	YOKOSUKA PHCY	YOKOSUKA	FPO	AP	96350
AIR FORCE	YOKOTA	YOKOTA PHCY	YOKOSUKA	APO	AP	96328
ARMY	YONGSAN CLINIC	YONGSAN PHCY	SEOUL	APO	AP	96205
NAVY	YORKTOWN	PORTS VA BHC YORKTOWN	PORTSMOUTH NMC	YORKTOWN	VA	23691
NAVY	YUMA	YUMA MAIN PHCY	CAMP PENDLETON	YUMA	AZ	85369
ARMY	YUMA PROVING GROUNDS	YUMA PROVING GROUNDS PHCY	FT. IRWIN	YUMA	AZ	85365

Branch of Service	Site MTF	Pharmacy Name	Host	City	State	ZIP
COAST GUARD	AGUADILLA USCG	AGUADILLA USCG PHCY	COAST GUARD-CARIBBEAN	AGUADILLA	PR	00604
COAST GUARD	ALAMEDA USCG	ALAMEDA USCG PHCY	COAST GUARD-WEST COAST	ALAMEDA	CA	94501
COAST GUARD	ATLANTIC CITY USCG	ATLANTIC CITY USCG PHARMACY	COAST GUARD-EAST COAST	ATLANTIC CITY	NJ	08405
COAST GUARD	BARBERS PT USCG	BARBERS PT USCG	TRIPLER	KAPOLEI	HI	96701
COAST GUARD	BOSTON USCG	BOSTON USCG PHCY	COAST GUARD-EAST COAST	BOSTON	MA	02109
COAST GUARD	CAPE COD USCG	CAPE COD USCG PHCY	COAST GUARD-EAST COAST	CAPE COD	MA	02542
COAST GUARD	CLEARWATER USCG	CLEARWATER USCG PHCY	COAST GUARD-EAST COAST	CLEARWATER	FL	33762
COAST GUARD	DELAWARE BAY USCG	DELAWARE BAY USCG PHARMACY	COAST GUARD-EAST COAST	PHILADELPHIA	PA	19147
COAST GUARD	ELIZABETH CITY USCG	ELIZABETH CITY USCG PHCY	COAST GUARD-EAST COAST	ELIZABETH CITY	NC	27909
COAST GUARD	JUNEAU USCG	JUNEAU USCG PHCY	COAST GUARD-ALASKA	JUNEAU	AK	99801
COAST GUARD	KETCHIKAN USCG	KETCHIKAN USCG PHCY	COAST GUARD-ALASKA	KETCHIKAN	AK	99901
COAST GUARD	KODIAK USCG	KODIAK USCG PHCY	COAST GUARD-ALASKA	KODIAK	AK	99619
COAST GUARD	MIAMI USCG	MIAMI BEACH USCG PHCY	COAST GUARD-EAST COAST	MIAMI BEACH	FL	33139
COAST GUARD	MOBILE USCG	MOBILE USCG PHCY	COAST GUARD-MID-AMERICA	MOBILE	AL	36608
COAST GUARD	NCA-BALTIMORE USCG	BALTIMORE USCG PHCY	COAST GUARD-EAST COAST	BALTIMORE	MD	21226
COAST GUARD	NCA-CAPE MAY USCG	CAPE MAY USCG PHCY	COAST GUARD-EAST COAST	CAPE MAY	NJ	08204
COAST GUARD	NCA-WASH DC USCG	WASH DC HHQ USCG PHCY	COAST GUARD-EAST COAST	WASHINGTON	DC	20590
COAST GUARD	NEW LONDON USCG	NEW LONDON USCG PHCY	COAST GUARD-EAST COAST	NEW LONDON	CT	06320
COAST GUARD	NEW ORLEANS USCG	NEW ORLEANS USCG ISC NOLA PHC	COAST GUARD-MID-AMERICA	NEW ORLEANS	LA	70129
COAST GUARD	NEW YORK ACTIVITIES USCG	NEW YORK ACTIVITIES USCG	COAST GUARD-EAST COAST	STATEN ISLAND	NY	10305
COAST GUARD	NORTH BEND USCG	NORTH BEND USCG PHCY	COAST GUARD-WEST COAST	NORTH BEND	OR	97459
COAST GUARD	OPA-LOCKA USCG	OPA LOCKA USCG PHCY	COAST GUARD-EAST COAST	OPA LOCKA	FL	33054
COAST GUARD	PETALUMA USCG	PETALUMA USCG PHCY	COAST GUARD-WEST COAST	PETALUMA	CA	94952
COAST GUARD	PORTSMOUTH USCG	PTSMTH USCG PHCY	COAST GUARD-EAST COAST	PORTSMOUTH	VA	23703
COAST GUARD	SAN JUAN USCG	SAN JUAN USCG CLINIC	COAST GUARD-CARIBBEAN	SAN JUAN	PR	00901
COAST GUARD	SAN PEDRO USCG	SAN PEDRO USCG PHCY	COAST GUARD-WEST COAST	SAN PEDRO	CA	90731
COAST GUARD	SEATTLE USCG	SEATTLE USCG PHCY	COAST GUARD-WEST COAST	SEATTLE	WA	98134
COAST GUARD	SITKA USCG	SITKA USCG PHCY	COAST GUARD-ALASKA	SITKA	AK	99835
COAST GUARD	ST. PETERSBURG USCG	ST PETERSBURG USCG PHCY	COAST GUARD-EAST COAST	ST PETERSBURG	FL	33701
COAST GUARD	WARRENTON USCG	WARRENTON USCG PHCY	COAST GUARD-WEST COAST	WARRENTON	OR	97146
COAST GUARD	YORKTOWN USCG	YORKTOWN USCG PHCY	COAST GUARD-EAST COAST	YORKTOWN	VA	23690

Attach J-3

MTF to MOP Transfer

MTF Host	MTF to MOP Transfer Sites *
ALTUS	
AVIANO	
BAHRAIN	
BARKSDALE	
CAMP LEJEUNE	P00128
CAMP PENDLETON	
CANNON	
CHARLESTON NH	
COAST GUARD-ALASKA	
COAST GUARD-CARIBBEAN	
COAST GUARD-EAST COAST	
COAST GUARD-MID-AMERICA	
COAST GUARD-WEST COAST	
COLUMBUS	
CORPUS CHRISTI	
DAVIS MONTHAN	
DOVER	
DYESS	
EDWARDS	
EGLIN	P00128
ELLSWORTH	
ELMENDORF	
FAIRCHILD	
FT. BENNING	
FT. BLISS	Award
FT. BRAGG	P00283
FT. CAMPBELL	
FT. CARSON	
FT. DRUM	
FT. GORDON	
FT. HOOD	P00128
FT. HUACHUCA	
FT. IRWIN	
FT. KNOX	
FT. LEAVENWORTH	
FT. LEONARD WOOD	
FT. LEWIS	
FT. POLK	
FT. RILEY	
FT. RUCKER	
FT. SILL	
FT. STEWART	
FT. WAINWRIGHT	
GOODFELLOW	
GRAND FORKS	
GREAT LAKES	
GROTON	
GUAM US	

Attach J-3

MTF to MOP Transfer

GUANTANAMO BAY	
HANSCOM	
HILL	
HOLLOMAN	
INCIRLIK	
JACKSONVILLE	P00128
KEESLER	P00283
KIRTLAND	
KUNSAN	
LACKLAND	Award
LAJES	
LAKENHEATH	
LANDSTUHL	
LAUGHLIN	
LEMOORE	
LITTLE ROCK	
LOS ANGELES	
LUKE	
MACDILL	
MALMSTROM	
MAXWELL	
MCCONNELL	
MCGUIRE	
MINOT	
MISAWA	
MOODY	
MOUNTAIN HOME	
NAPLES	
NCA-BETHESDA	Award
NELLIS	
OFFUTT	
OKINAWA	
OSAN	
PATRICK	
PENSACOLA	
PORTSMOUTH NMC	Award
REDSTONE ARSENAL	
ROBINS	
ROTA US	
SAN DIEGO NMC	Award
SCOTT	
SEOUL	
SEYMOUR-JOHNSON	
SHAW	P00128
SHEPPARD	
SIGONELLA	
TINKER	
TRAVIS	P00128
TRIPLER	

Attach J-3

MTF to MOP Transfer

TYNDALL	
VANCE	
VANDENBERG	
WARREN	Award
WEST POINT	
WHITEMAN	
WRIGHT PATTERSON	
YOKOSUKA	

Attachment J-4 Exemption (b) (4)

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Attachment J-4 Exemption (b) (4)

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Attachment J-4 Exemption (b) (4)

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Attachment J-4 Exemption (b) (4)

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Attachment J-4 Exemption (b) (4)

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Attachment J-4 Exemption (b) (4)

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Attachment J-4 Exemption (b) (4)

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Attachment 1-6
Wage Determination Revision List

WD Number	County	State	At Award	OP1 (P00041)	Additional WD for OP1 (P00055)	Beginning of OP2 (P00119)	Additional WD for OP2 (P00135)	Beginning of OP3 (P00162)	Beginning of OP4 (P00203)	Additional WD for OP4 (P00234)	Beginning of OP5 (P00243)	Additional WD for OP5 (P00248)	Beginning of OP6 (P00279)	Additional WD for OP6 (P00305)	Beginning of OP7 (P00308)	Additional WD for OP7 (P00314)	Additional WD for OP7 (P00315)
WD 05-2023			Revision No. 17	Revision No. 19	N/C	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2083			Revision No. 15	Revision No. 17	N/C	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2287			Revision No. 13	Revision No. 15	N/C	Revision No. 17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2309			Revision No. 13	Revision No. 15	N/C	Revision No. 17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2361			Revision No. 14	Revision No. 16	N/C	Revision No. 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2193			Revision No. 14	Revision No. 16	N/C	Revision No. 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2417			Revision No. 16	Revision No. 18	N/C	Revision No. 20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2413			Revision No. 13	Revision No. 15	N/C	Revision No. 17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2495			Revision No. 16	Revision No. 18	N/C	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2509			Revision No. 14	Revision No. 16	N/C	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2123			N/A	N/A	Revision No. 16	Revision No. 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 05-2513			N/A	N/A	Revision No. 15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Attachment J-6

Wage Determination Revision List

WD Number	County	State	At Award	OP1 (P00041)	Additional WD for OP1 (P00055)	Beginning of OP2 (P00119)	Additional WD for OP2 (P00135)	Beginning of OP3 (P00162)	Beginning of OP4 (P00203)	Additional WD for OP4 (P00234)	Beginning of OP5 P00243)	Additional WD for OP5 (P00248)	Beginning of OP6 (P00279)	Additional WD for OP6 (P00305)	Beginning of OP7 (P00308)	Additional WD for OP7 (P00314)	Additional WD for OP7 (P00315)
WD 15-5469	Maricopa	AZ	N/A	N/A	N/A	Revision No. 2	N/A	Revision No. 3	Revision No. 7	N/A	Revision No. 9	N/A	Revision No. 11	N/A	Revision No. 13	Revision No. 14	N/A
WD 15-5427	Pueblo	CO	N/A	N/A	N/A	Revision No. 2	N/A	Revision No. 3	Revision No. 7	N/A	Revision No. 9	N/A	Revision No. 11	N/A	Revision No. 13	N/A	N/A
WD 15-2495			N/A	N/A	N/A	Revision No. 2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WD 15-5231	Tarrant	TX	N/A	N/A	N/A	Revision No. 2	N/A	Revision No. 4	Revision No. 9	N/A	Revision No. 11	N/A	Revision No. 14	N/A	Revision No. 16	N/A	N/A
WD 15-5593	Clark	NV	N/A	N/A	N/A	N/A	Revision No. 1	Revision No. 3	Revision No. 8	N/A	Revision No. 10	N/A	Revision No. 12	N/A	Revision No. 14	N/A	N/A
WD 15-4563	St. Lucie	FL	N/A	N/A	N/A	N/A	N/A	Revision No. 1	Revision No. 5	N/A	Revision No. 8	N/A	Revision No. 11	N/A	Revision No. 13	N/A	N/A
WD 15-4673	Shelby	TN	N/A	N/A	N/A	N/A	N/A	Revision No. 1	Revision No. 5	N/A	Revision No. 8	N/A	Revision No. 11	N/A	Revision No. 13	N/A	N/A
WD 15-4553	Orange	FL	N/A	N/A	N/A	N/A	N/A	Revision No. 2	Revision No. 6	N/A	Revision No. 9	N/A	Revision No. 12	N/A	Revision No. 14	N/A	N/A
WD 15-4787	Marion	IN	N/A	N/A	N/A	N/A	N/A	Revision No. 2	Revision No. 6	N/A	Revision No. 9	N/A	Revision No. 12	N/A	Revision No. 14	N/A	N/A
WD 15-4945	Hennepin	MN	N/A	N/A	N/A	N/A	N/A	Revision No. 2	Revision No. 6	N/A	Revision No. 9	N/A	Revision No. 12	N/A	Revision No. 14	N/A	N/A
WD 15-5075	St. Louis	MO	N/A	N/A	N/A	N/A	N/A	Revision No. 4	Revision No. 8	N/A	Revision No. 11	N/A	Revision No. 14	N/A	Revision No. 16	N/A	N/A
WD 15-5443	Bernalillo	NM	N/A	N/A	N/A	N/A	N/A	Revision No. 1	Revision No. 5	N/A	Revision No. 7	N/A	Revision No. 9	N/A	Revision No. 11	N/A	N/A

Attachment J-6
Wage Determination Revision List

WD Number	County	State	At Award	OP1 (P00041)	Additional WD for OP1 (P00055)	Beginning of OP2 (P00119)	Additional WD for OP2 (P00135)	Beginning of OP3 (P00162)	Beginning of OP4 (P00203)	Additional WD for OP4 (P00234)	Beginning of OP5 P00243)	Additional WD for OP5 (P00248)	Beginning of OP6 (P00279)	Additional WD for OP6 (P00305)	Beginning of OP7 (P00308)	Additional WD for OP7 (P00314)	Additional WD for OP7 (P00315)
WD 15-4719	Butler, Warren	OH	N/A	N/A	N/A	N/A	N/A	Revision No. 2	Revision No. 6	N/A	Revision No. 9	N/A	Revision No. 12	N/A	Revision No. 14	N/A	N/A
WD 15-4729	Delaware, Franklin, Union	OH	N/A	N/A	N/A	N/A	N/A	Revision No. 2	Revision No. 6	N/A	Revision No. 9	N/A	Revision No. 12	N/A	Revision No. 14	N/A	N/A
WD 15-5085	Jasper, Newton	MO	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 8	Revision No. 8	N/A	Revision No. 11	N/A	Revision No. 13	N/A	N/A
WD 19-0062	Burlington	NJ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 11	N/A	N/A	Revision No. 1	N/A	N/A
WD 15-4515	Camden	GA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 11	N/A	Revision No. 15	N/A	N/A
WD 15-5227	Dallas	TX	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 12	Revision No. 12	N/A	N/A
WD 15-45233	Harris	TX	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 18
WD 15-4551	Lake	FL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 16
WD 15-5477	Gila	AZ	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 16
WD 15-5729	Sumter	FL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 15
WD 15-4533	Volusia	FL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 14
WD 15-5227	Logan	OH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 16
WD 15-4753	Marion	OH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Revision No. 17

Attch J-7

Government Property List

1. VPN Device #1
Juniper Networks
Model Number – SSG-20-SH
Model – SSG20
SN – 0164122009000830
2. VPN Device #2
Juniper Networks
Model number – SSG-20-SH
Model – SSG20
SN - 0164092006005288

Attech J-8

Draft Contract Language for KP ACO Demonstration

Draft Kaiser Permanente (KP) Accountable Care Organization (ACO) Demonstration Contract Language

x.1 Background

To support the 2017 National Defense Authorization Act (NDAA FY2017), Section 705 – “Value-based purchasing and acquisition of managed care support contracts for TRICARE program,” the contractor will facilitate DHA’s Accountable Care Organization (ACO) demonstration project.

x.2 Guidelines for claims processing and ancillary services

x.2.1 The ACO demonstration is applicable to designated zip codes in the Atlanta, Georgia prime service areas from January 1, 2020 through December 31, 2022.

x.2.2 The contractor shall process pharmacy claims from designated KP pharmacies. Adjudication edits will be limited to eligibility, general drug utilization reviews, and validation edits. Adjudication edits will not include formulary edits, prior authorization/medical necessity, PMP edits on restrictions, or OHI reviews. The contractor shall transmit all claim information to the Pharmacy Data Transaction Service (PDTS).

x.2.3 The contractor will be provided a formulary file from KP in which the medications within will be assigned by KP to each of TRICARE’s tiered cost structure. The contractor will be responsible for returning the appropriate copay based on this file.

x.2.4 The contractor will verify eligibility for the KP program by using KP PCM identifier assignments designated by DEERS. All other PCM assignments are not eligible to use the KP program or KP pharmacies.

x.2.5 The contractor will exclude KP beneficiaries from using TRICARE’s mail order pharmacy (TMOP) and remove any KP beneficiaries from the auto refill and/or specialty programs at TMOP.

x.2.6 The contractor will not exclude KP beneficiaries from the TRICARE retail network. The contractor will provide a monthly data file of all KP beneficiaries that use TRICARE retail pharmacies to include beneficiary information and TRICARE reimbursements. The data file will contain enough information for DHA to determine if the KP beneficiary is obtaining multiple fills of the same drug, strength, and dosage form in the TRICARE retail network.

x.2.7 The contractor will create and submit TEDs for pharmacy claims submitted by KP Pharmacies. The TEDs claim does not authorize payment to the KP pharmacy but will allow the contractor to claim a standard retail admin fee (CLIN X) for each TED submitted. TEDs submission will follow standard TEDs processing rules except as documented by the Government (use of Special processing code and/or new header type). KP will be paid by the Government directly.

Attch J-8

Draft Contract Language for KP ACO Demonstration

x.2.8 For all pharmacy claims by demonstration enrolled beneficiaries, the contractor shall update catastrophic cap and deductible amounts in accordance with TOM Chap 23, Section 3.

x.2.9 The contractor shall forward any beneficiary calls or written submissions about KP program to the appropriate point of contact for KP. Calls will be transferred as they are received and the contractor will provide the KP call center phone number prior to transfer. Written submissions will be transmitted within 24 hours. A response will be provided to the beneficiary that provides information on where to submit KP inquires and advise the beneficiary the submission has been forwarded to KP for resolution.

x.2.10 By the 5th business day of the following month, the contractor shall report total reimbursements for Part D services to KP for all transactions during the prior month.

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2015-4551 Revision No.: 16 Date Of Last Revision: 07/21/2021
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Daniel W. Simms Director	Division of Wage Determinations
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Note: Under Executive Order (EO) 13658 an hourly minimum wage of \$10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Florida

Area: Florida County of Lake

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		15.17
01012 - Accounting Clerk II		17.05
01013 - Accounting Clerk III		19.06
01020 - Administrative Assistant		24.48
01035 - Court Reporter		18.51
01041 - Customer Service Representative I		12.87
01042 - Customer Service Representative II		14.04
01043 - Customer Service Representative III		15.77
01051 - Data Entry Operator I		13.60
01052 - Data Entry Operator II		14.84
01060 - Dispatcher Motor Vehicle		16.46
01070 - Document Preparation Clerk		16.56
01090 - Duplicating Machine Operator		16.56
01111 - General Clerk I		13.04
01112 - General Clerk II		14.23
01113 - General Clerk III		15.98
01120 - Housing Referral Assistant		20.63
01141 - Messenger Courier		14.27
01191 - Order Clerk I		14.03
01192 - Order Clerk II		15.30
01261 - Personnel Assistant (Employment) I		15.91
01262 - Personnel Assistant (Employment) II		17.79
01263 - Personnel Assistant (Employment) III		19.83
01270 - Production Control Clerk		20.85
01290 - Rental Clerk		13.42
01300 - Scheduler Maintenance		16.54
01311 - Secretary I		16.54
01312 - Secretary II		18.51
01313 - Secretary III		20.63

01320 - Service Order Dispatcher	14.73
01410 - Supply Technician	24.48
01420 - Survey Worker	16.98
01460 - Switchboard Operator/Receptionist	14.13
01531 - Travel Clerk I	13.55
01532 - Travel Clerk II	14.80
01533 - Travel Clerk III	15.94
01611 - Word Processor I	14.16
01612 - Word Processor II	15.91
01613 - Word Processor III	17.79
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	19.73
05010 - Automotive Electrician	17.14
05040 - Automotive Glass Installer	16.00
05070 - Automotive Worker	16.00
05110 - Mobile Equipment Servicer	13.79
05130 - Motor Equipment Metal Mechanic	18.27
05160 - Motor Equipment Metal Worker	16.00
05190 - Motor Vehicle Mechanic	18.27
05220 - Motor Vehicle Mechanic Helper	12.68
05250 - Motor Vehicle Upholstery Worker	14.98
05280 - Motor Vehicle Wrecker	16.00
05310 - Painter Automotive	17.14
05340 - Radiator Repair Specialist	16.00
05370 - Tire Repairer	11.97
05400 - Transmission Repair Specialist	18.27
07000 - Food Preparation And Service Occupations	
07010 - Baker	14.75
07041 - Cook I	13.51
07042 - Cook II	15.68
07070 - Dishwasher	11.26
07130 - Food Service Worker	11.69
07210 - Meat Cutter	16.48
07260 - Waiter/Waitress	11.36
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.35
09040 - Furniture Handler	11.02
09080 - Furniture Refinisher	18.12
09090 - Furniture Refinisher Helper	13.41
09110 - Furniture Repairer Minor	15.76
09130 - Upholsterer	17.89
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	12.21
11060 - Elevator Operator	12.03
11090 - Gardener	17.80
11122 - Housekeeping Aide	12.03
11150 - Janitor	12.03
11210 - Laborer Grounds Maintenance	13.46
11240 - Maid or Houseman	11.48
11260 - Pruner	11.96
11270 - Tractor Operator	16.37
11330 - Trail Maintenance Worker	13.46
11360 - Window Cleaner	13.54
12000 - Health Occupations	
12010 - Ambulance Driver	18.99
12011 - Breath Alcohol Technician	19.97
12012 - Certified Occupational Therapist Assistant	29.86
12015 - Certified Physical Therapist Assistant	34.16
12020 - Dental Assistant	19.13
12025 - Dental Hygienist	34.53
12030 - EKG Technician	28.06
12035 - Electroneurodiagnostic Technologist	28.06
12040 - Emergency Medical Technician	18.99
12071 - Licensed Practical Nurse I	17.86
12072 - Licensed Practical Nurse II	19.97

12073 - Licensed Practical Nurse III	22.26
12100 - Medical Assistant	15.89
12130 - Medical Laboratory Technician	24.88
12160 - Medical Record Clerk	17.30
12190 - Medical Record Technician	20.12
12195 - Medical Transcriptionist	14.67
12210 - Nuclear Medicine Technologist	36.76
12221 - Nursing Assistant I	11.84
12222 - Nursing Assistant II	13.30
12223 - Nursing Assistant III	14.51
12224 - Nursing Assistant IV	16.30
12235 - Optical Dispenser	21.03
12236 - Optical Technician	17.08
12250 - Pharmacy Technician	16.21
12280 - Phlebotomist	16.24
12305 - Radiologic Technologist	27.91
12311 - Registered Nurse I	21.77
12312 - Registered Nurse II	26.63
12313 - Registered Nurse II Specialist	26.63
12314 - Registered Nurse III	32.23
12315 - Registered Nurse III Anesthetist	32.23
12316 - Registered Nurse IV	38.62
12317 - Scheduler (Drug and Alcohol Testing)	24.73
12320 - Substance Abuse Treatment Counselor	21.05
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	19.34
13012 - Exhibits Specialist II	23.96
13013 - Exhibits Specialist III	29.31
13041 - Illustrator I	19.87
13042 - Illustrator II	24.61
13043 - Illustrator III	30.10
13047 - Librarian	26.53
13050 - Library Aide/Clerk	13.68
13054 - Library Information Technology Systems Administrator	22.45
13058 - Library Technician	16.47
13061 - Media Specialist I	16.35
13062 - Media Specialist II	18.30
13063 - Media Specialist III	20.39
13071 - Photographer I	12.81
13072 - Photographer II	15.03
13073 - Photographer III	18.61
13074 - Photographer IV	22.76
13075 - Photographer V	27.54
13090 - Technical Order Library Clerk	17.18
13110 - Video Teleconference Technician	21.36
14000 - Information Technology Occupations	
14041 - Computer Operator I	16.82
14042 - Computer Operator II	18.81
14043 - Computer Operator III	20.97
14044 - Computer Operator IV	23.31
14045 - Computer Operator V	25.81
14071 - Computer Programmer I	(see 1) 20.87
14072 - Computer Programmer II	(see 1) 25.86
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	16.82
14160 - Personal Computer Support Technician	23.31
14170 - System Support Specialist	26.77
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	28.69
15020 - Aircrew Training Devices Instructor (Rated)	34.71

15030 - Air Crew Training Devices Instructor (Pilot)	41.60
15050 - Computer Based Training Specialist / Instructor	28.69
15060 - Educational Technologist	28.43
15070 - Flight Instructor (Pilot)	41.60
15080 - Graphic Artist	23.39
15085 - Maintenance Test Pilot Fixed Jet/Prop	41.60
15086 - Maintenance Test Pilot Rotary Wing	41.60
15088 - Non-Maintenance Test/Co-Pilot	41.60
15090 - Technical Instructor	20.89
15095 - Technical Instructor/Course Developer	25.55
15110 - Test Proctor	16.86
15120 - Tutor	16.86
16000 - Laundry Dry-Cleaning Pressing And Related Occupations	
16010 - Assembler	10.86
16030 - Counter Attendant	10.86
16040 - Dry Cleaner	13.05
16070 - Finisher Flatwork Machine	10.86
16090 - Presser Hand	10.86
16110 - Presser Machine Drycleaning	10.86
16130 - Presser Machine Shirts	10.86
16160 - Presser Machine Wearing Apparel Laundry	10.86
16190 - Sewing Machine Operator	13.90
16220 - Tailor	14.60
16250 - Washer Machine	11.55
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	21.15
19040 - Tool And Die Maker	26.66
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	17.60
21030 - Material Coordinator	20.85
21040 - Material Expediter	20.85
21050 - Material Handling Laborer	13.66
21071 - Order Filler	13.47
21080 - Production Line Worker (Food Processing)	17.60
21110 - Shipping Packer	16.36
21130 - Shipping/Receiving Clerk	16.36
21140 - Store Worker I	11.16
21150 - Stock Clerk	15.98
21210 - Tools And Parts Attendant	17.60
21410 - Warehouse Specialist	17.60
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	30.83
23019 - Aircraft Logs and Records Technician	24.49
23021 - Aircraft Mechanic I	29.99
23022 - Aircraft Mechanic II	31.81
23023 - Aircraft Mechanic III	33.66
23040 - Aircraft Mechanic Helper	20.83
23050 - Aircraft Painter	29.57
23060 - Aircraft Servicer	24.49
23070 - Aircraft Survival Flight Equipment Technician	29.57
23080 - Aircraft Worker	26.35
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I	26.35
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	29.99
23110 - Appliance Mechanic	19.12
23120 - Bicycle Repairer	15.77
23125 - Cable Splicer	30.10
23130 - Carpenter Maintenance	20.32
23140 - Carpet Layer	20.82
23160 - Electrician Maintenance	22.05
23181 - Electronics Technician Maintenance I	23.12
23182 - Electronics Technician Maintenance II	25.03
23183 - Electronics Technician Maintenance III	26.67
23260 - Fabric Worker	19.40

23290 - Fire Alarm System Mechanic	20.22
23310 - Fire Extinguisher Repairer	17.95
23311 - Fuel Distribution System Mechanic	24.04
23312 - Fuel Distribution System Operator	18.34
23370 - General Maintenance Worker	17.03
23380 - Ground Support Equipment Mechanic	29.99
23381 - Ground Support Equipment Servicer	24.49
23382 - Ground Support Equipment Worker	26.35
23391 - Gunsmith I	17.95
23392 - Gunsmith II	20.82
23393 - Gunsmith III	23.78
23410 - Heating Ventilation And Air-Conditioning Mechanic	21.58
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	22.88
23430 - Heavy Equipment Mechanic	22.93
23440 - Heavy Equipment Operator	18.91
23460 - Instrument Mechanic	23.78
23465 - Laboratory/Shelter Mechanic	22.31
23470 - Laborer	13.66
23510 - Locksmith	22.28
23530 - Machinery Maintenance Mechanic	23.52
23550 - Machinist Maintenance	21.36
23580 - Maintenance Trades Helper	14.28
23591 - Metrology Technician I	23.78
23592 - Metrology Technician II	25.21
23593 - Metrology Technician III	26.68
23640 - Millwright	23.63
23710 - Office Appliance Repairer	18.81
23760 - Painter Maintenance	16.79
23790 - Pipefitter Maintenance	20.95
23810 - Plumber Maintenance	19.66
23820 - Pneudraulic Systems Mechanic	23.78
23850 - Rigger	26.35
23870 - Scale Mechanic	20.82
23890 - Sheet-Metal Worker Maintenance	19.80
23910 - Small Engine Mechanic	16.18
23931 - Telecommunications Mechanic I	25.07
23932 - Telecommunications Mechanic II	26.58
23950 - Telephone Lineman	19.10
23960 - Welder Combination Maintenance	20.02
23965 - Well Driller	21.18
23970 - Woodcraft Worker	23.78
23980 - Woodworker	17.95
24000 - Personal Needs Occupations	
24550 - Case Manager	16.24
24570 - Child Care Attendant	10.46
24580 - Child Care Center Clerk	13.13
24610 - Chore Aide	11.64
24620 - Family Readiness And Support Services Coordinator	16.24
24630 - Homemaker	16.24
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	26.48
25040 - Sewage Plant Operator	23.31
25070 - Stationary Engineer	26.48
25190 - Ventilation Equipment Tender	18.39
25210 - Water Treatment Plant Operator	23.31
27000 - Protective Service Occupations	
27004 - Alarm Monitor	18.28
27007 - Baggage Inspector	12.42
27008 - Corrections Officer	19.31
27010 - Court Security Officer	20.04
27030 - Detection Dog Handler	13.89
27040 - Detention Officer	19.31

27070 - Firefighter	21.92
27101 - Guard I	12.42
27102 - Guard II	13.89
27131 - Police Officer I	25.06
27132 - Police Officer II	27.85
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	15.44
28042 - Carnival Equipment Repairer	16.79
28043 - Carnival Worker	11.28
28210 - Gate Attendant/Gate Tender	15.33
28310 - Lifeguard	11.42
28350 - Park Attendant (Aide)	17.15
28510 - Recreation Aide/Health Facility Attendant	12.51
28515 - Recreation Specialist	21.24
28630 - Sports Official	13.65
28690 - Swimming Pool Operator	19.48
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	26.35
29020 - Hatch Tender	26.29
29030 - Line Handler	26.29
29041 - Stevedore I	24.49
29042 - Stevedore II	28.63
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	40.29
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	27.78
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	30.59
30021 - Archeological Technician I	17.62
30022 - Archeological Technician II	19.70
30023 - Archeological Technician III	24.41
30030 - Cartographic Technician	24.41
30040 - Civil Engineering Technician	22.64
30051 - Cryogenic Technician I	27.03
30052 - Cryogenic Technician II	29.86
30061 - Drafter/CAD Operator I	17.62
30062 - Drafter/CAD Operator II	19.70
30063 - Drafter/CAD Operator III	21.96
30064 - Drafter/CAD Operator IV	27.03
30081 - Engineering Technician I	14.89
30082 - Engineering Technician II	16.72
30083 - Engineering Technician III	18.71
30084 - Engineering Technician IV	23.17
30085 - Engineering Technician V	28.34
30086 - Engineering Technician VI	34.29
30090 - Environmental Technician	23.28
30095 - Evidence Control Specialist	24.41
30210 - Laboratory Technician	21.38
30221 - Latent Fingerprint Technician I	24.05
30222 - Latent Fingerprint Technician II	26.56
30240 - Mathematical Technician	25.50
30361 - Paralegal/Legal Assistant I	19.28
30362 - Paralegal/Legal Assistant II	23.23
30363 - Paralegal/Legal Assistant III	28.42
30364 - Paralegal/Legal Assistant IV	34.40
30375 - Petroleum Supply Specialist	29.86
30390 - Photo-Optics Technician	24.41
30395 - Radiation Control Technician	29.86
30461 - Technical Writer I	24.65
30462 - Technical Writer II	30.16
30463 - Technical Writer III	36.49
30491 - Unexploded Ordnance (UXO) Technician I	25.60
30492 - Unexploded Ordnance (UXO) Technician II	30.98
30493 - Unexploded Ordnance (UXO) Technician III	37.13
30494 - Unexploded (UXO) Safety Escort	25.60
30495 - Unexploded (UXO) Sweep Personnel	25.60
30501 - Weather Forecaster I	27.03

30502 - Weather Forecaster II	32.88
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2) 21.96
30621 - Weather Observer Senior	(see 2) 24.41
31000 - Transportation/Mobile Equipment Operation Occupations	
31010 - Airplane Pilot	30.98
31020 - Bus Aide	13.27
31030 - Bus Driver	18.76
31043 - Driver Courier	15.81
31260 - Parking and Lot Attendant	10.52
31290 - Shuttle Bus Driver	15.91
31310 - Taxi Driver	12.94
31361 - Truckdriver Light	17.19
31362 - Truckdriver Medium	18.59
31363 - Truckdriver Heavy	21.59
31364 - Truckdriver Tractor-Trailer	21.59
99000 - Miscellaneous Occupations	
99020 - Cabin Safety Specialist	15.10
99030 - Cashier	11.33
99050 - Desk Clerk	12.27
99095 - Embalmer	30.26
99130 - Flight Follower	25.60
99251 - Laboratory Animal Caretaker I	11.52
99252 - Laboratory Animal Caretaker II	12.52
99260 - Marketing Analyst	26.10
99310 - Mortician	30.26
99410 - Pest Controller	17.82
99510 - Photofinishing Worker	13.73
99710 - Recycling Laborer	19.81
99711 - Recycling Specialist	25.45
99730 - Refuse Collector	18.60
99810 - Sales Clerk	12.28
99820 - School Crossing Guard	12.41
99830 - Survey Party Chief	29.09
99831 - Surveying Aide	18.07
99832 - Surveying Technician	24.75
99840 - Vending Machine Attendant	14.98
99841 - Vending Machine Repairer	19.26
99842 - Vending Machine Repairer Helper	14.98

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$4.60 per hour up to 40 hours per week or \$184.00 per week or \$797.33 per month

HEALTH & WELFARE EO 13706: \$4.23 per hour up to 40 hours per week or \$169.20 per week or \$733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor 3 weeks after 5 years and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day Martin Luther King Jr.'s Birthday Washington's Birthday Memorial Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**** HAZARDOUS PAY DIFFERENTIAL ****

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder.

All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However in those instances where the uniforms furnished are made of "wash and wear" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

**** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS ****

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated.

**** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) ****

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract a separate SF-1444 should be prepared for each wage

determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).
- 4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the "Service Contract Act Directory of Occupations" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1))."

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2015-4745 Revision No.: 16 Date Of Last Revision: 07/21/2021
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Daniel W. Simms Director	Division of Wage Determinations
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Note: Under Executive Order (EO) 13658 an hourly minimum wage of \$10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Ohio

Area: Ohio Counties of Champaign Darke Logan Preble Shelby

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		14.44
01012 - Accounting Clerk II		16.22
01013 - Accounting Clerk III		18.14
01020 - Administrative Assistant		24.23
01035 - Court Reporter		19.34
01041 - Customer Service Representative I		13.29
01042 - Customer Service Representative II		14.56
01043 - Customer Service Representative III		16.29
01051 - Data Entry Operator I		14.96
01052 - Data Entry Operator II		16.32
01060 - Dispatcher Motor Vehicle		21.61
01070 - Document Preparation Clerk		14.38
01090 - Duplicating Machine Operator		14.38
01111 - General Clerk I		13.31
01112 - General Clerk II		14.52
01113 - General Clerk III		16.31
01120 - Housing Referral Assistant		20.69
01141 - Messenger Courier		11.92
01191 - Order Clerk I		16.02
01192 - Order Clerk II		17.48
01261 - Personnel Assistant (Employment) I		16.71
01262 - Personnel Assistant (Employment) II		18.68
01263 - Personnel Assistant (Employment) III		20.82
01270 - Production Control Clerk		26.64
01290 - Rental Clerk		14.79
01300 - Scheduler Maintenance		16.60
01311 - Secretary I		16.60
01312 - Secretary II		18.57
01313 - Secretary III		20.69

01320 - Service Order Dispatcher	19.31
01410 - Supply Technician	24.23
01420 - Survey Worker	17.54
01460 - Switchboard Operator/Receptionist	13.62
01531 - Travel Clerk I	13.57
01532 - Travel Clerk II	14.48
01533 - Travel Clerk III	15.35
01611 - Word Processor I	14.78
01612 - Word Processor II	16.60
01613 - Word Processor III	18.56
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	19.82
05010 - Automotive Electrician	18.81
05040 - Automotive Glass Installer	18.07
05070 - Automotive Worker	18.07
05110 - Mobile Equipment Servicer	16.64
05130 - Motor Equipment Metal Mechanic	19.53
05160 - Motor Equipment Metal Worker	18.07
05190 - Motor Vehicle Mechanic	18.64
05220 - Motor Vehicle Mechanic Helper	15.92
05250 - Motor Vehicle Upholstery Worker	17.36
05280 - Motor Vehicle Wrecker	18.07
05310 - Painter Automotive	18.81
05340 - Radiator Repair Specialist	18.07
05370 - Tire Repairer	17.00
05400 - Transmission Repair Specialist	19.53
07000 - Food Preparation And Service Occupations	
07010 - Baker	12.61
07041 - Cook I	13.58
07042 - Cook II	15.31
07070 - Dishwasher	9.62
07130 - Food Service Worker	9.71
07210 - Meat Cutter	16.19
07260 - Waiter/Waitress	9.92
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	21.58
09040 - Furniture Handler	15.62
09080 - Furniture Refinisher	21.58
09090 - Furniture Refinisher Helper	17.91
09110 - Furniture Repairer Minor	19.92
09130 - Upholsterer	22.25
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	11.73
11060 - Elevator Operator	12.37
11090 - Gardener	16.39
11122 - Housekeeping Aide	14.76
11150 - Janitor	14.76
11210 - Laborer Grounds Maintenance	14.25
11240 - Maid or Houseman	11.49
11260 - Pruner	13.74
11270 - Tractor Operator	15.71
11330 - Trail Maintenance Worker	14.25
11360 - Window Cleaner	15.54
12000 - Health Occupations	
12010 - Ambulance Driver	16.90
12011 - Breath Alcohol Technician	18.87
12012 - Certified Occupational Therapist Assistant	28.27
12015 - Certified Physical Therapist Assistant	27.15
12020 - Dental Assistant	19.51
12025 - Dental Hygienist	33.24
12030 - EKG Technician	26.81
12035 - Electroneurodiagnostic Technologist	26.81
12040 - Emergency Medical Technician	16.90
12071 - Licensed Practical Nurse I	18.88
12072 - Licensed Practical Nurse II	21.13

12073 - Licensed Practical Nurse III	23.56
12100 - Medical Assistant	15.67
12130 - Medical Laboratory Technician	26.87
12160 - Medical Record Clerk	17.01
12190 - Medical Record Technician	19.14
12195 - Medical Transcriptionist	16.87
12210 - Nuclear Medicine Technologist	40.93
12221 - Nursing Assistant I	12.01
12222 - Nursing Assistant II	13.50
12223 - Nursing Assistant III	14.73
12224 - Nursing Assistant IV	16.54
12235 - Optical Dispenser	21.20
12236 - Optical Technician	16.87
12250 - Pharmacy Technician	15.07
12280 - Phlebotomist	15.29
12305 - Radiologic Technologist	27.31
12311 - Registered Nurse I	24.00
12312 - Registered Nurse II	29.36
12313 - Registered Nurse II Specialist	29.36
12314 - Registered Nurse III	35.53
12315 - Registered Nurse III Anesthetist	35.53
12316 - Registered Nurse IV	42.58
12317 - Scheduler (Drug and Alcohol Testing)	23.37
12320 - Substance Abuse Treatment Counselor	21.08
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	20.15
13012 - Exhibits Specialist II	24.96
13013 - Exhibits Specialist III	30.53
13041 - Illustrator I	22.55
13042 - Illustrator II	27.93
13043 - Illustrator III	34.16
13047 - Librarian	28.17
13050 - Library Aide/Clerk	12.72
13054 - Library Information Technology Systems Administrator	24.18
13058 - Library Technician	16.02
13061 - Media Specialist I	17.55
13062 - Media Specialist II	19.62
13063 - Media Specialist III	21.89
13071 - Photographer I	17.27
13072 - Photographer II	19.31
13073 - Photographer III	23.92
13074 - Photographer IV	29.26
13075 - Photographer V	35.41
13090 - Technical Order Library Clerk	15.98
13110 - Video Teleconference Technician	18.20
14000 - Information Technology Occupations	
14041 - Computer Operator I	16.97
14042 - Computer Operator II	18.98
14043 - Computer Operator III	21.16
14044 - Computer Operator IV	23.51
14045 - Computer Operator V	26.04
14071 - Computer Programmer I	(see 1) 25.51
14072 - Computer Programmer II	(see 1)
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	16.97
14160 - Personal Computer Support Technician	23.51
14170 - System Support Specialist	27.76
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	30.08
15020 - Aircrew Training Devices Instructor (Rated)	36.39

15030 - Air Crew Training Devices Instructor (Pilot)	42.16
15050 - Computer Based Training Specialist / Instructor	30.08
15060 - Educational Technologist	35.20
15070 - Flight Instructor (Pilot)	42.16
15080 - Graphic Artist	22.43
15085 - Maintenance Test Pilot Fixed Jet/Prop	40.74
15086 - Maintenance Test Pilot Rotary Wing	40.74
15088 - Non-Maintenance Test/Co-Pilot	40.74
15090 - Technical Instructor	22.21
15095 - Technical Instructor/Course Developer	27.17
15110 - Test Proctor	17.93
15120 - Tutor	17.93
16000 - Laundry Dry-Cleaning Pressing And Related Occupations	
16010 - Assembler	10.58
16030 - Counter Attendant	10.58
16040 - Dry Cleaner	13.17
16070 - Finisher Flatwork Machine	10.58
16090 - Presser Hand	10.58
16110 - Presser Machine Drycleaning	10.58
16130 - Presser Machine Shirts	10.58
16160 - Presser Machine Wearing Apparel Laundry	10.58
16190 - Sewing Machine Operator	14.09
16220 - Tailor	15.02
16250 - Washer Machine	11.28
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	22.23
19040 - Tool And Die Maker	25.79
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	18.07
21030 - Material Coordinator	26.64
21040 - Material Expediter	26.64
21050 - Material Handling Laborer	17.65
21071 - Order Filler	14.50
21080 - Production Line Worker (Food Processing)	18.07
21110 - Shipping Packer	17.59
21130 - Shipping/Receiving Clerk	17.59
21140 - Store Worker I	15.74
21150 - Stock Clerk	20.28
21210 - Tools And Parts Attendant	18.07
21410 - Warehouse Specialist	18.07
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	26.10
23019 - Aircraft Logs and Records Technician	21.69
23021 - Aircraft Mechanic I	25.14
23022 - Aircraft Mechanic II	26.10
23023 - Aircraft Mechanic III	27.10
23040 - Aircraft Mechanic Helper	19.05
23050 - Aircraft Painter	24.21
23060 - Aircraft Servicer	21.69
23070 - Aircraft Survival Flight Equipment Technician	24.21
23080 - Aircraft Worker	22.97
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I	22.97
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	25.14
23110 - Appliance Mechanic	22.78
23120 - Bicycle Repairer	20.39
23125 - Cable Splicer	31.43
23130 - Carpenter Maintenance	22.50
23140 - Carpet Layer	22.97
23160 - Electrician Maintenance	26.68
23181 - Electronics Technician Maintenance I	27.72
23182 - Electronics Technician Maintenance II	29.19
23183 - Electronics Technician Maintenance III	30.34
23260 - Fabric Worker	21.69

23290 - Fire Alarm System Mechanic	25.14
23310 - Fire Extinguisher Repairer	20.39
23311 - Fuel Distribution System Mechanic	32.32
23312 - Fuel Distribution System Operator	26.71
23370 - General Maintenance Worker	21.19
23380 - Ground Support Equipment Mechanic	25.14
23381 - Ground Support Equipment Servicer	21.69
23382 - Ground Support Equipment Worker	22.97
23391 - Gunsmith I	20.39
23392 - Gunsmith II	22.97
23393 - Gunsmith III	25.14
23410 - Heating Ventilation And Air-Conditioning Mechanic	23.29
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	24.19
23430 - Heavy Equipment Mechanic	24.02
23440 - Heavy Equipment Operator	25.31
23460 - Instrument Mechanic	25.14
23465 - Laboratory/Shelter Mechanic	24.21
23470 - Laborer	16.02
23510 - Locksmith	24.21
23530 - Machinery Maintenance Mechanic	26.08
23550 - Machinist Maintenance	21.89
23580 - Maintenance Trades Helper	16.60
23591 - Metrology Technician I	25.14
23592 - Metrology Technician II	26.10
23593 - Metrology Technician III	27.10
23640 - Millwright	30.74
23710 - Office Appliance Repairer	20.32
23760 - Painter Maintenance	21.44
23790 - Pipefitter Maintenance	24.78
23810 - Plumber Maintenance	23.85
23820 - Pneudraulic Systems Mechanic	25.14
23850 - Rigger	25.14
23870 - Scale Mechanic	22.97
23890 - Sheet-Metal Worker Maintenance	28.46
23910 - Small Engine Mechanic	17.14
23931 - Telecommunications Mechanic I	26.22
23932 - Telecommunications Mechanic II	27.21
23950 - Telephone Lineman	26.53
23960 - Welder Combination Maintenance	20.42
23965 - Well Driller	24.92
23970 - Woodcraft Worker	25.14
23980 - Woodworker	20.39
24000 - Personal Needs Occupations	
24550 - Case Manager	15.12
24570 - Child Care Attendant	10.05
24580 - Child Care Center Clerk	14.92
24610 - Chore Aide	11.62
24620 - Family Readiness And Support Services Coordinator	15.12
24630 - Homemaker	15.80
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	28.09
25040 - Sewage Plant Operator	24.70
25070 - Stationary Engineer	28.09
25190 - Ventilation Equipment Tender	21.28
25210 - Water Treatment Plant Operator	24.70
27000 - Protective Service Occupations	
27004 - Alarm Monitor	21.47
27007 - Baggage Inspector	14.68
27008 - Corrections Officer	23.27
27010 - Court Security Officer	21.92
27030 - Detection Dog Handler	17.82
27040 - Detention Officer	23.27

27070 - Firefighter	22.55
27101 - Guard I	14.68
27102 - Guard II	17.82
27131 - Police Officer I	25.19
27132 - Police Officer II	27.99
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	12.98
28042 - Carnival Equipment Repairer	13.34
28043 - Carnival Worker	11.15
28210 - Gate Attendant/Gate Tender	14.09
28310 - Lifeguard	12.03
28350 - Park Attendant (Aide)	15.76
28510 - Recreation Aide/Health Facility Attendant	11.50
28515 - Recreation Specialist	19.52
28630 - Sports Official	12.55
28690 - Swimming Pool Operator	18.63
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	25.63
29020 - Hatch Tender	25.63
29030 - Line Handler	25.63
29041 - Stevedore I	24.40
29042 - Stevedore II	26.84
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	41.70
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	28.75
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	31.67
30021 - Archeological Technician I	18.39
30022 - Archeological Technician II	20.58
30023 - Archeological Technician III	25.49
30030 - Cartographic Technician	25.49
30040 - Civil Engineering Technician	27.10
30051 - Cryogenic Technician I	26.98
30052 - Cryogenic Technician II	29.80
30061 - Drafter/CAD Operator I	18.39
30062 - Drafter/CAD Operator II	20.58
30063 - Drafter/CAD Operator III	22.94
30064 - Drafter/CAD Operator IV	29.65
30081 - Engineering Technician I	16.82
30082 - Engineering Technician II	18.89
30083 - Engineering Technician III	21.12
30084 - Engineering Technician IV	26.17
30085 - Engineering Technician V	32.01
30086 - Engineering Technician VI	38.74
30090 - Environmental Technician	23.95
30095 - Evidence Control Specialist	24.36
30210 - Laboratory Technician	21.24
30221 - Latent Fingerprint Technician I	26.98
30222 - Latent Fingerprint Technician II	29.80
30240 - Mathematical Technician	25.49
30361 - Paralegal/Legal Assistant I	19.22
30362 - Paralegal/Legal Assistant II	23.81
30363 - Paralegal/Legal Assistant III	31.43
30364 - Paralegal/Legal Assistant IV	37.70
30375 - Petroleum Supply Specialist	29.80
30390 - Photo-Optics Technician	25.49
30395 - Radiation Control Technician	29.80
30461 - Technical Writer I	24.34
30462 - Technical Writer II	29.77
30463 - Technical Writer III	36.01
30491 - Unexploded Ordnance (UXO) Technician I	26.50
30492 - Unexploded Ordnance (UXO) Technician II	32.06
30493 - Unexploded Ordnance (UXO) Technician III	38.43
30494 - Unexploded (UXO) Safety Escort	26.50
30495 - Unexploded (UXO) Sweep Personnel	26.50
30501 - Weather Forecaster I	26.98

30502 - Weather Forecaster II	32.82
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2) 22.94
30621 - Weather Observer Senior	(see 2) 24.36
31000 - Transportation/Mobile Equipment Operation Occupations	
31010 - Airplane Pilot	32.06
31020 - Bus Aide	16.41
31030 - Bus Driver	23.68
31043 - Driver Courier	17.02
31260 - Parking and Lot Attendant	13.74
31290 - Shuttle Bus Driver	18.11
31310 - Taxi Driver	12.72
31361 - Truckdriver Light	18.11
31362 - Truckdriver Medium	18.43
31363 - Truckdriver Heavy	26.17
31364 - Truckdriver Tractor-Trailer	26.17
99000 - Miscellaneous Occupations	
99020 - Cabin Safety Specialist	15.63
99030 - Cashier	10.50
99050 - Desk Clerk	11.06
99095 - Embalmer	34.47
99130 - Flight Follower	26.50
99251 - Laboratory Animal Caretaker I	13.04
99252 - Laboratory Animal Caretaker II	13.87
99260 - Marketing Analyst	28.08
99310 - Mortician	34.47
99410 - Pest Controller	19.98
99510 - Photofinishing Worker	13.93
99710 - Recycling Laborer	19.71
99711 - Recycling Specialist	22.90
99730 - Refuse Collector	18.13
99810 - Sales Clerk	12.05
99820 - School Crossing Guard	14.22
99830 - Survey Party Chief	29.13
99831 - Surveying Aide	14.97
99832 - Surveying Technician	22.91
99840 - Vending Machine Attendant	16.25
99841 - Vending Machine Repairer	18.30
99842 - Vending Machine Repairer Helper	16.25

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$4.60 per hour up to 40 hours per week or \$184.00 per week or \$797.33 per month

HEALTH & WELFARE EO 13706: \$4.23 per hour up to 40 hours per week or \$169.20 per week or \$733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years 4 weeks after 15 years and 5 weeks after 25 years.

Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of eleven paid holidays per year: New Year's Day Martin Luther King Jr's Birthday Washington's Birthday Good Friday Memorial Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**** HAZARDOUS PAY DIFFERENTIAL ****

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder.

All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However in those instances where the uniforms furnished are made of "wash and wear" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated.

** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) **

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are

included in a contract a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).
- 4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the ""Service Contract Act Directory of Occupations"" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1))."

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2015-4753 Revision No.: 17 Date Of Last Revision: 07/21/2021
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Daniel W. Simms Director	Division of Wage Determinations
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Note: Under Executive Order (EO) 13658 an hourly minimum wage of \$10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Ohio

Area: Ohio Counties of Crawford Holmes Knox Marion

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		15.21
01012 - Accounting Clerk II		17.08
01013 - Accounting Clerk III		19.10
01020 - Administrative Assistant		24.09
01035 - Court Reporter		17.96
01041 - Customer Service Representative I		13.07
01042 - Customer Service Representative II		14.69
01043 - Customer Service Representative III		16.03
01051 - Data Entry Operator I		13.68
01052 - Data Entry Operator II		14.99
01060 - Dispatcher Motor Vehicle		20.79
01070 - Document Preparation Clerk		13.01
01090 - Duplicating Machine Operator		13.01
01111 - General Clerk I		13.43
01112 - General Clerk II		14.66
01113 - General Clerk III		16.77
01120 - Housing Referral Assistant		21.46
01141 - Messenger Courier		12.68
01191 - Order Clerk I		13.95
01192 - Order Clerk II		15.22
01261 - Personnel Assistant (Employment) I		17.06
01262 - Personnel Assistant (Employment) II		19.09
01263 - Personnel Assistant (Employment) III		21.27
01270 - Production Control Clerk		24.48
01290 - Rental Clerk		15.39
01300 - Scheduler Maintenance		17.20
01311 - Secretary I		17.20
01312 - Secretary II		19.24
01313 - Secretary III		21.46

01320 - Service Order Dispatcher	18.59
01410 - Supply Technician	24.09
01420 - Survey Worker	16.70
01460 - Switchboard Operator/Receptionist	12.96
01531 - Travel Clerk I	14.40
01532 - Travel Clerk II	15.35
01533 - Travel Clerk III	16.38
01611 - Word Processor I	13.88
01612 - Word Processor II	15.59
01613 - Word Processor III	17.96
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	21.84
05010 - Automotive Electrician	19.56
05040 - Automotive Glass Installer	18.71
05070 - Automotive Worker	19.26
05110 - Mobile Equipment Servicer	17.02
05130 - Motor Equipment Metal Mechanic	22.25
05160 - Motor Equipment Metal Worker	18.89
05190 - Motor Vehicle Mechanic	20.39
05220 - Motor Vehicle Mechanic Helper	16.18
05250 - Motor Vehicle Upholstery Worker	18.39
05280 - Motor Vehicle Wrecker	19.26
05310 - Painter Automotive	20.38
05340 - Radiator Repair Specialist	19.26
05370 - Tire Repairer	15.13
05400 - Transmission Repair Specialist	20.39
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.47
07041 - Cook I	13.01
07042 - Cook II	14.81
07070 - Dishwasher	9.44
07130 - Food Service Worker	9.76
07210 - Meat Cutter	17.19
07260 - Waiter/Waitress	9.48
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	17.32
09040 - Furniture Handler	11.93
09080 - Furniture Refinisher	16.32
09090 - Furniture Refinisher Helper	13.49
09110 - Furniture Repairer Minor	14.89
09130 - Upholsterer	16.78
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	13.58
11060 - Elevator Operator	13.31
11090 - Gardener	17.90
11122 - Housekeeping Aide	13.31
11150 - Janitor	13.31
11210 - Laborer Grounds Maintenance	14.10
11240 - Maid or Houseman	10.51
11260 - Pruner	12.82
11270 - Tractor Operator	16.65
11330 - Trail Maintenance Worker	14.10
11360 - Window Cleaner	14.63
12000 - Health Occupations	
12010 - Ambulance Driver	18.25
12011 - Breath Alcohol Technician	18.97
12012 - Certified Occupational Therapist Assistant	28.36
12015 - Certified Physical Therapist Assistant	27.78
12020 - Dental Assistant	19.96
12025 - Dental Hygienist	36.62
12030 - EKG Technician	28.58
12035 - Electroneurodiagnostic Technologist	28.58
12040 - Emergency Medical Technician	18.25
12071 - Licensed Practical Nurse I	16.96
12072 - Licensed Practical Nurse II	18.97

12073 - Licensed Practical Nurse III	21.14
12100 - Medical Assistant	15.22
12130 - Medical Laboratory Technician	27.01
12160 - Medical Record Clerk	15.70
12190 - Medical Record Technician	18.48
12195 - Medical Transcriptionist	18.26
12210 - Nuclear Medicine Technologist	35.13
12221 - Nursing Assistant I	12.68
12222 - Nursing Assistant II	14.25
12223 - Nursing Assistant III	15.55
12224 - Nursing Assistant IV	17.47
12235 - Optical Dispenser	18.52
12236 - Optical Technician	16.96
12250 - Pharmacy Technician	16.49
12280 - Phlebotomist	15.87
12305 - Radiologic Technologist	26.74
12311 - Registered Nurse I	24.93
12312 - Registered Nurse II	30.49
12313 - Registered Nurse II Specialist	30.49
12314 - Registered Nurse III	36.90
12315 - Registered Nurse III Anesthetist	36.90
12316 - Registered Nurse IV	44.22
12317 - Scheduler (Drug and Alcohol Testing)	23.50
12320 - Substance Abuse Treatment Counselor	24.33
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	19.60
13012 - Exhibits Specialist II	24.33
13013 - Exhibits Specialist III	29.76
13041 - Illustrator I	19.78
13042 - Illustrator II	24.52
13043 - Illustrator III	29.99
13047 - Librarian	29.19
13050 - Library Aide/Clerk	11.59
13054 - Library Information Technology Systems Administrator	24.84
13058 - Library Technician	18.05
13061 - Media Specialist I	17.91
13062 - Media Specialist II	20.02
13063 - Media Specialist III	22.33
13071 - Photographer I	15.90
13072 - Photographer II	18.10
13073 - Photographer III	26.06
13074 - Photographer IV	27.75
13075 - Photographer V	33.59
13090 - Technical Order Library Clerk	15.90
13110 - Video Teleconference Technician	19.00
14000 - Information Technology Occupations	
14041 - Computer Operator I	17.11
14042 - Computer Operator II	19.14
14043 - Computer Operator III	21.35
14044 - Computer Operator IV	23.71
14045 - Computer Operator V	26.27
14071 - Computer Programmer I	(see 1)
14072 - Computer Programmer II	(see 1)
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	17.11
14160 - Personal Computer Support Technician	23.71
14170 - System Support Specialist	25.06
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	31.20
15020 - Aircrew Training Devices Instructor (Rated)	37.74

15030 - Air Crew Training Devices Instructor (Pilot)	45.23
15050 - Computer Based Training Specialist / Instructor	31.20
15060 - Educational Technologist	31.76
15070 - Flight Instructor (Pilot)	45.23
15080 - Graphic Artist	25.33
15085 - Maintenance Test Pilot Fixed Jet/Prop	42.34
15086 - Maintenance Test Pilot Rotary Wing	42.34
15088 - Non-Maintenance Test/Co-Pilot	42.34
15090 - Technical Instructor	21.28
15095 - Technical Instructor/Course Developer	26.03
15110 - Test Proctor	17.17
15120 - Tutor	17.17
16000 - Laundry Dry-Cleaning Pressing And Related Occupations	
16010 - Assembler	10.58
16030 - Counter Attendant	10.58
16040 - Dry Cleaner	13.17
16070 - Finisher Flatwork Machine	10.58
16090 - Presser Hand	10.58
16110 - Presser Machine Drycleaning	10.58
16130 - Presser Machine Shirts	10.58
16160 - Presser Machine Wearing Apparel Laundry	10.58
16190 - Sewing Machine Operator	14.09
16220 - Tailor	15.02
16250 - Washer Machine	11.28
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	19.84
19040 - Tool And Die Maker	23.39
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	18.59
21030 - Material Coordinator	24.48
21040 - Material Expediter	24.48
21050 - Material Handling Laborer	14.95
21071 - Order Filler	15.47
21080 - Production Line Worker (Food Processing)	18.59
21110 - Shipping Packer	17.07
21130 - Shipping/Receiving Clerk	17.07
21140 - Store Worker I	14.97
21150 - Stock Clerk	19.91
21210 - Tools And Parts Attendant	18.59
21410 - Warehouse Specialist	18.59
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	24.09
23019 - Aircraft Logs and Records Technician	20.26
23021 - Aircraft Mechanic I	23.13
23022 - Aircraft Mechanic II	24.09
23023 - Aircraft Mechanic III	25.10
23040 - Aircraft Mechanic Helper	18.34
23050 - Aircraft Painter	21.34
23060 - Aircraft Servicer	20.26
23070 - Aircraft Survival Flight Equipment Technician	21.34
23080 - Aircraft Worker	20.76
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I	20.76
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	23.13
23110 - Appliance Mechanic	23.55
23120 - Bicycle Repairer	18.26
23125 - Cable Splicer	37.15
23130 - Carpenter Maintenance	21.47
23140 - Carpet Layer	21.92
23160 - Electrician Maintenance	25.81
23181 - Electronics Technician Maintenance I	26.95
23182 - Electronics Technician Maintenance II	28.48
23183 - Electronics Technician Maintenance III	29.91
23260 - Fabric Worker	20.89

23290 - Fire Alarm System Mechanic	20.07
23310 - Fire Extinguisher Repairer	19.57
23311 - Fuel Distribution System Mechanic	32.53
23312 - Fuel Distribution System Operator	25.41
23370 - General Maintenance Worker	19.98
23380 - Ground Support Equipment Mechanic	23.13
23381 - Ground Support Equipment Servicer	20.26
23382 - Ground Support Equipment Worker	20.76
23391 - Gunsmith I	19.57
23392 - Gunsmith II	22.29
23393 - Gunsmith III	24.73
23410 - Heating Ventilation And Air-Conditioning Mechanic	21.73
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	22.71
23430 - Heavy Equipment Mechanic	22.96
23440 - Heavy Equipment Operator	26.87
23460 - Instrument Mechanic	24.73
23465 - Laboratory/Shelter Mechanic	23.55
23470 - Laborer	14.95
23510 - Locksmith	21.21
23530 - Machinery Maintenance Mechanic	27.29
23550 - Machinist Maintenance	19.03
23580 - Maintenance Trades Helper	17.32
23591 - Metrology Technician I	24.73
23592 - Metrology Technician II	25.88
23593 - Metrology Technician III	26.92
23640 - Millwright	32.76
23710 - Office Appliance Repairer	19.23
23760 - Painter Maintenance	20.74
23790 - Pipefitter Maintenance	25.32
23810 - Plumber Maintenance	22.98
23820 - Pneudraulic Systems Mechanic	24.73
23850 - Rigger	24.73
23870 - Scale Mechanic	22.29
23890 - Sheet-Metal Worker Maintenance	22.33
23910 - Small Engine Mechanic	15.61
23931 - Telecommunications Mechanic I	25.16
23932 - Telecommunications Mechanic II	26.21
23950 - Telephone Lineman	25.52
23960 - Welder Combination Maintenance	20.70
23965 - Well Driller	24.73
23970 - Woodcraft Worker	24.73
23980 - Woodworker	19.57
24000 - Personal Needs Occupations	
24550 - Case Manager	16.34
24570 - Child Care Attendant	11.85
24580 - Child Care Center Clerk	14.77
24610 - Chore Aide	11.61
24620 - Family Readiness And Support Services Coordinator	16.34
24630 - Homemaker	16.34
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	26.21
25040 - Sewage Plant Operator	23.71
25070 - Stationary Engineer	26.21
25190 - Ventilation Equipment Tender	19.29
25210 - Water Treatment Plant Operator	23.71
27000 - Protective Service Occupations	
27004 - Alarm Monitor	19.36
27007 - Baggage Inspector	16.98
27008 - Corrections Officer	21.90
27010 - Court Security Officer	22.95
27030 - Detection Dog Handler	18.99
27040 - Detention Officer	21.90

27070 - Firefighter	22.50
27101 - Guard I	16.98
27102 - Guard II	18.99
27131 - Police Officer I	24.41
27132 - Police Officer II	27.12
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	12.60
28042 - Carnival Equipment Repairer	13.54
28043 - Carnival Worker	9.70
28210 - Gate Attendant/Gate Tender	14.00
28310 - Lifeguard	10.82
28350 - Park Attendant (Aide)	15.66
28510 - Recreation Aide/Health Facility Attendant	11.36
28515 - Recreation Specialist	18.94
28630 - Sports Official	12.47
28690 - Swimming Pool Operator	17.08
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	22.34
29020 - Hatch Tender	22.34
29030 - Line Handler	22.34
29041 - Stevedore I	20.45
29042 - Stevedore II	23.43
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	41.70
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	28.75
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	31.67
30021 - Archeological Technician I	18.48
30022 - Archeological Technician II	20.68
30023 - Archeological Technician III	25.61
30030 - Cartographic Technician	25.61
30040 - Civil Engineering Technician	27.78
30051 - Cryogenic Technician I	28.36
30052 - Cryogenic Technician II	31.32
30061 - Drafter/CAD Operator I	18.48
30062 - Drafter/CAD Operator II	20.68
30063 - Drafter/CAD Operator III	23.04
30064 - Drafter/CAD Operator IV	28.36
30081 - Engineering Technician I	16.50
30082 - Engineering Technician II	18.53
30083 - Engineering Technician III	20.72
30084 - Engineering Technician IV	25.67
30085 - Engineering Technician V	31.40
30086 - Engineering Technician VI	38.00
30090 - Environmental Technician	22.32
30095 - Evidence Control Specialist	25.61
30210 - Laboratory Technician	23.42
30221 - Latent Fingerprint Technician I	28.36
30222 - Latent Fingerprint Technician II	31.32
30240 - Mathematical Technician	28.17
30361 - Paralegal/Legal Assistant I	18.44
30362 - Paralegal/Legal Assistant II	22.84
30363 - Paralegal/Legal Assistant III	27.94
30364 - Paralegal/Legal Assistant IV	33.80
30375 - Petroleum Supply Specialist	31.32
30390 - Photo-Optics Technician	23.15
30395 - Radiation Control Technician	31.32
30461 - Technical Writer I	25.61
30462 - Technical Writer II	31.32
30463 - Technical Writer III	37.90
30491 - Unexploded Ordnance (UXO) Technician I	26.50
30492 - Unexploded Ordnance (UXO) Technician II	32.06
30493 - Unexploded Ordnance (UXO) Technician III	38.43
30494 - Unexploded (UXO) Safety Escort	26.50
30495 - Unexploded (UXO) Sweep Personnel	26.50
30501 - Weather Forecaster I	28.36

30502 - Weather Forecaster II	34.50
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2) 23.04
30621 - Weather Observer Senior	(see 2) 25.61
31000 - Transportation/Mobile Equipment Operation Occupations	
31010 - Airplane Pilot	32.06
31020 - Bus Aide	15.20
31030 - Bus Driver	21.67
31043 - Driver Courier	17.01
31260 - Parking and Lot Attendant	12.56
31290 - Shuttle Bus Driver	19.36
31310 - Taxi Driver	11.67
31361 - Truckdriver Light	19.36
31362 - Truckdriver Medium	19.70
31363 - Truckdriver Heavy	22.08
31364 - Truckdriver Tractor-Trailer	22.08
99000 - Miscellaneous Occupations	
99020 - Cabin Safety Specialist	15.63
99030 - Cashier	10.87
99050 - Desk Clerk	10.30
99095 - Embalmer	28.80
99130 - Flight Follower	26.50
99251 - Laboratory Animal Caretaker I	13.98
99252 - Laboratory Animal Caretaker II	15.03
99260 - Marketing Analyst	26.54
99310 - Mortician	28.92
99410 - Pest Controller	17.09
99510 - Photofinishing Worker	14.34
99710 - Recycling Laborer	20.57
99711 - Recycling Specialist	24.31
99730 - Refuse Collector	18.72
99810 - Sales Clerk	12.70
99820 - School Crossing Guard	12.88
99830 - Survey Party Chief	22.15
99831 - Surveying Aide	13.15
99832 - Surveying Technician	20.13
99840 - Vending Machine Attendant	16.28
99841 - Vending Machine Repairer	19.20
99842 - Vending Machine Repairer Helper	16.28

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$4.60 per hour up to 40 hours per week or \$184.00 per week or \$797.33 per month

HEALTH & WELFARE EO 13706: \$4.23 per hour up to 40 hours per week or \$169.20 per week or \$733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years 4 weeks after 15 years and 5 weeks after 25 years.

Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of eleven paid holidays per year: New Year's Day Martin Luther King Jr's Birthday Washington's Birthday Good Friday Memorial Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**** HAZARDOUS PAY DIFFERENTIAL ****

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder.

All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However in those instances where the uniforms furnished are made of "wash and wear" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

**** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS ****

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated.

**** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) ****

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are

included in a contract a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).
- 4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the "Service Contract Act Directory of Occupations" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1))."

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2015-5233 Revision No.: 18 Date Of Last Revision: 07/21/2021
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Note: Under Executive Order (EO) 13658 an hourly minimum wage of \$10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Texas

Area: Texas Counties of Austin Brazoria Chambers Fort Bend Galveston
 Harris Liberty Montgomery Waller

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		16.94
01012 - Accounting Clerk II		19.03
01013 - Accounting Clerk III		21.28
01020 - Administrative Assistant		31.14
01035 - Court Reporter		29.01
01041 - Customer Service Representative I		14.38
01042 - Customer Service Representative II		16.17
01043 - Customer Service Representative III		17.64
01051 - Data Entry Operator I		15.20
01052 - Data Entry Operator II		16.59
01060 - Dispatcher Motor Vehicle		19.42
01070 - Document Preparation Clerk		16.79
01090 - Duplicating Machine Operator		16.79
01111 - General Clerk I		15.32
01112 - General Clerk II		16.72
01113 - General Clerk III		18.78
01120 - Housing Referral Assistant		23.07
01141 - Messenger Courier		14.48
01191 - Order Clerk I		18.00
01192 - Order Clerk II		19.90
01261 - Personnel Assistant (Employment) I		17.62
01262 - Personnel Assistant (Employment) II		19.72
01263 - Personnel Assistant (Employment) III		21.97
01270 - Production Control Clerk		23.68
01290 - Rental Clerk		15.65
01300 - Scheduler Maintenance		18.51
01311 - Secretary I		18.51
01312 - Secretary II		20.70

01313 - Secretary III	23.07
01320 - Service Order Dispatcher	17.36
01410 - Supply Technician	31.14
01420 - Survey Worker	17.79
01460 - Switchboard Operator/Receptionist	14.08
01531 - Travel Clerk I	15.24
01532 - Travel Clerk II	16.46
01533 - Travel Clerk III	17.59
01611 - Word Processor I	16.54
01612 - Word Processor II	18.58
01613 - Word Processor III	20.78
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	25.76
05010 - Automotive Electrician	23.79
05040 - Automotive Glass Installer	21.96
05070 - Automotive Worker	21.96
05110 - Mobile Equipment Servicer	20.23
05130 - Motor Equipment Metal Mechanic	25.96
05160 - Motor Equipment Metal Worker	21.96
05190 - Motor Vehicle Mechanic	25.76
05220 - Motor Vehicle Mechanic Helper	19.40
05250 - Motor Vehicle Upholstery Worker	20.83
05280 - Motor Vehicle Wrecker	21.96
05310 - Painter Automotive	23.79
05340 - Radiator Repair Specialist	22.88
05370 - Tire Repairer	14.40
05400 - Transmission Repair Specialist	25.76
07000 - Food Preparation And Service Occupations	
07010 - Baker	11.82
07041 - Cook I	12.08
07042 - Cook II	14.02
07070 - Dishwasher	10.73
07130 - Food Service Worker	11.78
07210 - Meat Cutter	12.91
07260 - Waiter/Waitress	9.79
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.32
09040 - Furniture Handler	11.95
09080 - Furniture Refinisher	17.70
09090 - Furniture Refinisher Helper	14.58
09110 - Furniture Repairer Minor	16.82
09130 - Upholsterer	18.32
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	12.27
11060 - Elevator Operator	11.73
11090 - Gardener	19.17
11122 - Housekeeping Aide	11.73
11150 - Janitor	11.73
11210 - Laborer Grounds Maintenance	14.42
11240 - Maid or Houseman	10.99
11260 - Pruner	12.87
11270 - Tractor Operator	17.59
11330 - Trail Maintenance Worker	14.42
11360 - Window Cleaner	13.14
12000 - Health Occupations	
12010 - Ambulance Driver	17.88
12011 - Breath Alcohol Technician	21.16
12012 - Certified Occupational Therapist Assistant	36.69
12015 - Certified Physical Therapist Assistant	35.61
12020 - Dental Assistant	18.12
12025 - Dental Hygienist	37.43
12030 - EKG Technician	26.09
12035 - Electroneurodiagnostic Technologist	26.09
12040 - Emergency Medical Technician	17.88
12071 - Licensed Practical Nurse I	19.05

12072 - Licensed Practical Nurse II	21.32
12073 - Licensed Practical Nurse III	23.76
12100 - Medical Assistant	16.57
12130 - Medical Laboratory Technician	25.95
12160 - Medical Record Clerk	18.41
12190 - Medical Record Technician	20.60
12195 - Medical Transcriptionist	20.81
12210 - Nuclear Medicine Technologist	39.75
12221 - Nursing Assistant I	13.71
12222 - Nursing Assistant II	15.41
12223 - Nursing Assistant III	16.81
12224 - Nursing Assistant IV	18.88
12235 - Optical Dispenser	18.31
12236 - Optical Technician	16.82
12250 - Pharmacy Technician	19.18
12280 - Phlebotomist	17.46
12305 - Radiologic Technologist	31.62
12311 - Registered Nurse I	30.36
12312 - Registered Nurse II	38.37
12313 - Registered Nurse II Specialist	38.37
12314 - Registered Nurse III	44.91
12315 - Registered Nurse III Anesthetist	44.91
12316 - Registered Nurse IV	53.84
12317 - Scheduler (Drug and Alcohol Testing)	26.21
12320 - Substance Abuse Treatment Counselor	25.36
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	22.02
13012 - Exhibits Specialist II	27.28
13013 - Exhibits Specialist III	33.37
13041 - Illustrator I	23.50
13042 - Illustrator II	29.11
13043 - Illustrator III	35.61
13047 - Librarian	29.97
13050 - Library Aide/Clerk	13.23
13054 - Library Information Technology Systems Administrator	27.06
13058 - Library Technician	16.48
13061 - Media Specialist I	19.54
13062 - Media Specialist II	21.84
13063 - Media Specialist III	24.35
13071 - Photographer I	18.96
13072 - Photographer II	21.20
13073 - Photographer III	26.27
13074 - Photographer IV	32.13
13075 - Photographer V	38.87
13090 - Technical Order Library Clerk	16.62
13110 - Video Teleconference Technician	21.82
14000 - Information Technology Occupations	
14041 - Computer Operator I	20.35
14042 - Computer Operator II	22.78
14043 - Computer Operator III	25.39
14044 - Computer Operator IV	28.21
14045 - Computer Operator V	31.25
14071 - Computer Programmer I	(see 1) 27.71
14072 - Computer Programmer II	(see 1)
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	20.35
14160 - Personal Computer Support Technician	28.21
14170 - System Support Specialist	37.07
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	38.33

15020 - Aircrew Training Devices Instructor (Rated)	46.39
15030 - Air Crew Training Devices Instructor (Pilot)	55.59
15050 - Computer Based Training Specialist / Instructor	38.33
15060 - Educational Technologist	34.80
15070 - Flight Instructor (Pilot)	55.59
15080 - Graphic Artist	26.72
15085 - Maintenance Test Pilot Fixed Jet/Prop	55.59
15086 - Maintenance Test Pilot Rotary Wing	55.59
15088 - Non-Maintenance Test/Co-Pilot	55.59
15090 - Technical Instructor	27.50
15095 - Technical Instructor/Course Developer	33.64
15110 - Test Proctor	22.20
15120 - Tutor	22.20
16000 - Laundry Dry-Cleaning Pressing And Related Occupations	
16010 - Assembler	10.88
16030 - Counter Attendant	10.88
16040 - Dry Cleaner	13.96
16070 - Finisher Flatwork Machine	10.88
16090 - Presser Hand	10.88
16110 - Presser Machine Drycleaning	10.88
16130 - Presser Machine Shirts	10.88
16160 - Presser Machine Wearing Apparel Laundry	10.88
16190 - Sewing Machine Operator	14.76
16220 - Tailor	15.89
16250 - Washer Machine	11.92
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	23.16
19040 - Tool And Die Maker	27.74
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	18.42
21030 - Material Coordinator	23.68
21040 - Material Expediter	23.68
21050 - Material Handling Laborer	14.40
21071 - Order Filler	13.80
21080 - Production Line Worker (Food Processing)	18.42
21110 - Shipping Packer	17.42
21130 - Shipping/Receiving Clerk	17.42
21140 - Store Worker I	13.31
21150 - Stock Clerk	18.82
21210 - Tools And Parts Attendant	18.42
21410 - Warehouse Specialist	18.42
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	34.35
23019 - Aircraft Logs and Records Technician	27.09
23021 - Aircraft Mechanic I	32.91
23022 - Aircraft Mechanic II	34.35
23023 - Aircraft Mechanic III	35.83
23040 - Aircraft Mechanic Helper	23.00
23050 - Aircraft Painter	31.11
23060 - Aircraft Servicer	27.09
23070 - Aircraft Survival Flight Equipment Technician	31.11
23080 - Aircraft Worker	29.10
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I	29.10
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	32.91
23110 - Appliance Mechanic	21.10
23120 - Bicycle Repairer	19.72
23125 - Cable Splicer	29.54
23130 - Carpenter Maintenance	21.65
23140 - Carpet Layer	20.97
23160 - Electrician Maintenance	27.52
23181 - Electronics Technician Maintenance I	26.60
23182 - Electronics Technician Maintenance II	28.45
23183 - Electronics Technician Maintenance III	30.10

23260 - Fabric Worker	21.55
23290 - Fire Alarm System Mechanic	24.70
23310 - Fire Extinguisher Repairer	19.94
23311 - Fuel Distribution System Mechanic	21.14
23312 - Fuel Distribution System Operator	16.99
23370 - General Maintenance Worker	20.12
23380 - Ground Support Equipment Mechanic	32.91
23381 - Ground Support Equipment Servicer	27.09
23382 - Ground Support Equipment Worker	29.10
23391 - Gunsmith I	19.94
23392 - Gunsmith II	23.14
23393 - Gunsmith III	26.18
23410 - Heating Ventilation And Air-Conditioning Mechanic	24.94
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	26.03
23430 - Heavy Equipment Mechanic	24.73
23440 - Heavy Equipment Operator	22.81
23460 - Instrument Mechanic	32.06
23465 - Laboratory/Shelter Mechanic	24.75
23470 - Laborer	14.40
23510 - Locksmith	23.53
23530 - Machinery Maintenance Mechanic	30.27
23550 - Machinist Maintenance	24.02
23580 - Maintenance Trades Helper	14.94
23591 - Metrology Technician I	32.06
23592 - Metrology Technician II	33.46
23593 - Metrology Technician III	34.90
23640 - Millwright	26.77
23710 - Office Appliance Repairer	18.99
23760 - Painter Maintenance	18.99
23790 - Pipefitter Maintenance	28.71
23810 - Plumber Maintenance	27.14
23820 - Pneudraulic Systems Mechanic	26.18
23850 - Rigger	25.11
23870 - Scale Mechanic	23.14
23890 - Sheet-Metal Worker Maintenance	22.06
23910 - Small Engine Mechanic	20.14
23931 - Telecommunications Mechanic I	28.09
23932 - Telecommunications Mechanic II	29.33
23950 - Telephone Lineman	37.37
23960 - Welder Combination Maintenance	23.29
23965 - Well Driller	26.18
23970 - Woodcraft Worker	26.18
23980 - Woodworker	19.94
24000 - Personal Needs Occupations	
24550 - Case Manager	18.52
24570 - Child Care Attendant	10.68
24580 - Child Care Center Clerk	13.48
24610 - Chore Aide	9.75
24620 - Family Readiness And Support Services Coordinator	18.52
24630 - Homemaker	18.52
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	22.20
25040 - Sewage Plant Operator	21.34
25070 - Stationary Engineer	22.20
25190 - Ventilation Equipment Tender	14.81
25210 - Water Treatment Plant Operator	21.34
27000 - Protective Service Occupations	
27004 - Alarm Monitor	20.96
27007 - Baggage Inspector	13.57
27008 - Corrections Officer	21.34
27010 - Court Security Officer	23.95
27030 - Detection Dog Handler	17.90

27040 - Detention Officer	21.34
27070 - Firefighter	26.57
27101 - Guard I	13.57
27102 - Guard II	17.90
27131 - Police Officer I	28.75
27132 - Police Officer II	31.94
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	13.02
28042 - Carnival Equipment Repairer	14.19
28043 - Carnival Worker	9.53
28210 - Gate Attendant/Gate Tender	14.59
28310 - Lifeguard	12.38
28350 - Park Attendant (Aide)	16.33
28510 - Recreation Aide/Health Facility Attendant	11.92
28515 - Recreation Specialist	20.23
28630 - Sports Official	13.01
28690 - Swimming Pool Operator	17.44
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	28.56
29020 - Hatch Tender	28.56
29030 - Line Handler	28.56
29041 - Stevedore I	26.59
29042 - Stevedore II	30.55
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	46.32
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	31.94
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	35.18
30021 - Archeological Technician I	21.56
30022 - Archeological Technician II	25.47
30023 - Archeological Technician III	30.62
30030 - Cartographic Technician	30.62
30040 - Civil Engineering Technician	30.03
30051 - Cryogenic Technician I	28.13
30052 - Cryogenic Technician II	31.07
30061 - Drafter/CAD Operator I	21.56
30062 - Drafter/CAD Operator II	24.71
30063 - Drafter/CAD Operator III	27.56
30064 - Drafter/CAD Operator IV	33.10
30081 - Engineering Technician I	20.02
30082 - Engineering Technician II	22.48
30083 - Engineering Technician III	25.15
30084 - Engineering Technician IV	31.09
30085 - Engineering Technician V	38.65
30086 - Engineering Technician VI	46.10
30090 - Environmental Technician	29.96
30095 - Evidence Control Specialist	25.40
30210 - Laboratory Technician	30.91
30221 - Latent Fingerprint Technician I	28.86
30222 - Latent Fingerprint Technician II	31.88
30240 - Mathematical Technician	40.76
30361 - Paralegal/Legal Assistant I	23.05
30362 - Paralegal/Legal Assistant II	28.56
30363 - Paralegal/Legal Assistant III	34.93
30364 - Paralegal/Legal Assistant IV	42.27
30375 - Petroleum Supply Specialist	31.07
30390 - Photo-Optics Technician	30.62
30395 - Radiation Control Technician	31.07
30461 - Technical Writer I	26.27
30462 - Technical Writer II	32.12
30463 - Technical Writer III	38.86
30491 - Unexploded Ordnance (UXO) Technician I	29.44
30492 - Unexploded Ordnance (UXO) Technician II	35.62
30493 - Unexploded Ordnance (UXO) Technician III	42.69
30494 - Unexploded (UXO) Safety Escort	29.44
30495 - Unexploded (UXO) Sweep Personnel	29.44

30501 - Weather Forecaster I	29.63
30502 - Weather Forecaster II	36.05
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2) 27.56
30621 - Weather Observer Senior	(see 2) 30.48
31000 - Transportation/Mobile Equipment Operation Occupations	
31010 - Airplane Pilot	35.62
31020 - Bus Aide	14.91
31030 - Bus Driver	21.42
31043 - Driver Courier	16.44
31260 - Parking and Lot Attendant	12.06
31290 - Shuttle Bus Driver	17.28
31310 - Taxi Driver	13.64
31361 - Truckdriver Light	17.92
31362 - Truckdriver Medium	19.37
31363 - Truckdriver Heavy	22.47
31364 - Truckdriver Tractor-Trailer	22.47
99000 - Miscellaneous Occupations	
99020 - Cabin Safety Specialist	17.37
99030 - Cashier	11.36
99050 - Desk Clerk	11.72
99095 - Embalmer	34.72
99130 - Flight Follower	29.44
99251 - Laboratory Animal Caretaker I	12.49
99252 - Laboratory Animal Caretaker II	13.61
99260 - Marketing Analyst	35.05
99310 - Mortician	41.99
99410 - Pest Controller	19.88
99510 - Photofinishing Worker	16.80
99710 - Recycling Laborer	18.73
99711 - Recycling Specialist	22.84
99730 - Refuse Collector	16.72
99810 - Sales Clerk	12.66
99820 - School Crossing Guard	14.04
99830 - Survey Party Chief	25.50
99831 - Surveying Aide	17.45
99832 - Surveying Technician	22.05
99840 - Vending Machine Attendant	12.81
99841 - Vending Machine Repairer	16.20
99842 - Vending Machine Repairer Helper	12.81

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$4.60 per hour up to 40 hours per week or \$184.00 per week or \$797.33 per month

HEALTH & WELFARE EO 13706: \$4.23 per hour up to 40 hours per week or \$169.20 per week or \$733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor 3 weeks after 5 years and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day Martin Luther King Jr.'s Birthday Washington's Birthday Memorial Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**** HAZARDOUS PAY DIFFERENTIAL ****

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder.

All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However in those instances where the uniforms furnished are made of "wash and wear" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

**** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS ****

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated.

**** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) ****

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are

included in a contract a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).
- 4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the ""Service Contract Act Directory of Occupations"" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1))."

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2015-5477 Revision No.: 16 Date Of Last Revision: 07/21/2021
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Daniel W. Simms Director	Division of Wage Determinations
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Note: Under Executive Order (EO) 13658 an hourly minimum wage of \$10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Arizona

Area: Arizona Counties of Apache Gila Navajo

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		14.85
01012 - Accounting Clerk II		16.68
01013 - Accounting Clerk III		18.65
01020 - Administrative Assistant		25.36
01035 - Court Reporter		18.01
01041 - Customer Service Representative I		13.74
01042 - Customer Service Representative II		14.99
01043 - Customer Service Representative III		16.84
01051 - Data Entry Operator I		13.08
01052 - Data Entry Operator II		14.27
01060 - Dispatcher Motor Vehicle		16.40
01070 - Document Preparation Clerk		14.34
01090 - Duplicating Machine Operator		14.34
01111 - General Clerk I		13.78
01112 - General Clerk II		15.04
01113 - General Clerk III		16.87
01120 - Housing Referral Assistant		20.78
01141 - Messenger Courier		12.33
01191 - Order Clerk I		13.42
01192 - Order Clerk II		14.86
01261 - Personnel Assistant (Employment) I		15.95
01262 - Personnel Assistant (Employment) II		17.84
01263 - Personnel Assistant (Employment) III		19.88
01270 - Production Control Clerk		26.97
01290 - Rental Clerk		14.97
01300 - Scheduler Maintenance		16.66
01311 - Secretary I		16.66
01312 - Secretary II		18.64
01313 - Secretary III		20.78

01320 - Service Order Dispatcher	14.32
01410 - Supply Technician	25.36
01420 - Survey Worker	16.63
01460 - Switchboard Operator/Receptionist	13.44
01531 - Travel Clerk I	14.33
01532 - Travel Clerk II	15.66
01533 - Travel Clerk III	16.88
01611 - Word Processor I	15.53
01612 - Word Processor II	17.44
01613 - Word Processor III	19.50
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	20.34
05010 - Automotive Electrician	20.30
05040 - Automotive Glass Installer	19.42
05070 - Automotive Worker	19.42
05110 - Mobile Equipment Servicer	16.62
05130 - Motor Equipment Metal Mechanic	22.69
05160 - Motor Equipment Metal Worker	19.62
05190 - Motor Vehicle Mechanic	21.59
05220 - Motor Vehicle Mechanic Helper	15.12
05250 - Motor Vehicle Upholstery Worker	18.14
05280 - Motor Vehicle Wrecker	19.62
05310 - Painter Automotive	22.12
05340 - Radiator Repair Specialist	19.58
05370 - Tire Repairer	14.37
05400 - Transmission Repair Specialist	21.59
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.65
07041 - Cook I	14.67
07042 - Cook II	16.93
07070 - Dishwasher	12.18
07130 - Food Service Worker	13.00
07210 - Meat Cutter	16.58
07260 - Waiter/Waitress	12.72
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	25.66
09040 - Furniture Handler	16.10
09080 - Furniture Refinisher	25.66
09090 - Furniture Refinisher Helper	19.23
09110 - Furniture Repairer Minor	22.45
09130 - Upholsterer	25.66
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	12.33
11060 - Elevator Operator	14.15
11090 - Gardener	17.39
11122 - Housekeeping Aide	14.15
11150 - Janitor	14.15
11210 - Laborer Grounds Maintenance	13.43
11240 - Maid or Houseman	12.38
11260 - Pruner	12.46
11270 - Tractor Operator	16.05
11330 - Trail Maintenance Worker	13.43
11360 - Window Cleaner	15.19
12000 - Health Occupations	
12010 - Ambulance Driver	17.23
12011 - Breath Alcohol Technician	21.73
12012 - Certified Occupational Therapist Assistant	29.81
12015 - Certified Physical Therapist Assistant	25.20
12020 - Dental Assistant	19.02
12025 - Dental Hygienist	44.74
12030 - EKG Technician	32.93
12035 - Electroneurodiagnostic Technologist	32.93
12040 - Emergency Medical Technician	17.23
12071 - Licensed Practical Nurse I	19.43
12072 - Licensed Practical Nurse II	21.73

12073 - Licensed Practical Nurse III	24.22
12100 - Medical Assistant	16.49
12130 - Medical Laboratory Technician	24.72
12160 - Medical Record Clerk	17.52
12190 - Medical Record Technician	19.59
12195 - Medical Transcriptionist	19.43
12210 - Nuclear Medicine Technologist	47.75
12221 - Nursing Assistant I	12.26
12222 - Nursing Assistant II	13.77
12223 - Nursing Assistant III	15.03
12224 - Nursing Assistant IV	16.88
12235 - Optical Dispenser	18.17
12236 - Optical Technician	19.43
12250 - Pharmacy Technician	18.43
12280 - Phlebotomist	17.37
12305 - Radiologic Technologist	31.03
12311 - Registered Nurse I	26.93
12312 - Registered Nurse II	33.08
12313 - Registered Nurse II Specialist	33.08
12314 - Registered Nurse III	40.02
12315 - Registered Nurse III Anesthetist	40.02
12316 - Registered Nurse IV	47.96
12317 - Scheduler (Drug and Alcohol Testing)	26.92
12320 - Substance Abuse Treatment Counselor	21.74
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	17.08
13012 - Exhibits Specialist II	21.08
13013 - Exhibits Specialist III	25.71
13041 - Illustrator I	18.79
13042 - Illustrator II	23.18
13043 - Illustrator III	28.27
13047 - Librarian	23.06
13050 - Library Aide/Clerk	14.20
13054 - Library Information Technology Systems Administrator	20.92
13058 - Library Technician	14.31
13061 - Media Specialist I	15.03
13062 - Media Specialist II	16.81
13063 - Media Specialist III	18.75
13071 - Photographer I	14.99
13072 - Photographer II	17.27
13073 - Photographer III	21.32
13074 - Photographer IV	26.01
13075 - Photographer V	31.55
13090 - Technical Order Library Clerk	17.22
13110 - Video Teleconference Technician	16.68
14000 - Information Technology Occupations	
14041 - Computer Operator I	17.48
14042 - Computer Operator II	19.54
14043 - Computer Operator III	21.79
14044 - Computer Operator IV	24.22
14045 - Computer Operator V	26.82
14071 - Computer Programmer I	(see 1) 23.00
14072 - Computer Programmer II	(see 1) 26.05
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	17.48
14160 - Personal Computer Support Technician	25.03
14170 - System Support Specialist	26.81
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	30.83
15020 - Aircrew Training Devices Instructor (Rated)	37.31

15030 - Air Crew Training Devices Instructor (Pilot)	44.71
15050 - Computer Based Training Specialist / Instructor	30.83
15060 - Educational Technologist	29.16
15070 - Flight Instructor (Pilot)	44.71
15080 - Graphic Artist	21.86
15085 - Maintenance Test Pilot Fixed Jet/Prop	44.71
15086 - Maintenance Test Pilot Rotary Wing	44.71
15088 - Non-Maintenance Test/Co-Pilot	44.71
15090 - Technical Instructor	29.31
15095 - Technical Instructor/Course Developer	35.86
15110 - Test Proctor	23.66
15120 - Tutor	23.66
16000 - Laundry Dry-Cleaning Pressing And Related Occupations	
16010 - Assembler	15.11
16030 - Counter Attendant	15.11
16040 - Dry Cleaner	17.89
16070 - Finisher Flatwork Machine	15.11
16090 - Presser Hand	15.11
16110 - Presser Machine Drycleaning	15.11
16130 - Presser Machine Shirts	15.11
16160 - Presser Machine Wearing Apparel Laundry	15.11
16190 - Sewing Machine Operator	18.63
16220 - Tailor	19.38
16250 - Washer Machine	16.39
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	25.66
19040 - Tool And Die Maker	31.55
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	13.88
21030 - Material Coordinator	26.06
21040 - Material Expediter	26.06
21050 - Material Handling Laborer	13.51
21071 - Order Filler	12.66
21080 - Production Line Worker (Food Processing)	13.88
21110 - Shipping Packer	16.79
21130 - Shipping/Receiving Clerk	16.79
21140 - Store Worker I	14.50
21150 - Stock Clerk	18.19
21210 - Tools And Parts Attendant	13.88
21410 - Warehouse Specialist	13.88
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	29.45
23019 - Aircraft Logs and Records Technician	23.41
23021 - Aircraft Mechanic I	27.87
23022 - Aircraft Mechanic II	29.45
23023 - Aircraft Mechanic III	31.24
23040 - Aircraft Mechanic Helper	19.51
23050 - Aircraft Painter	26.48
23060 - Aircraft Servicer	23.41
23070 - Aircraft Survival Flight Equipment Technician	26.48
23080 - Aircraft Worker	25.08
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I	25.08
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	27.87
23110 - Appliance Mechanic	25.66
23120 - Bicycle Repairer	20.85
23125 - Cable Splicer	36.85
23130 - Carpenter Maintenance	20.71
23140 - Carpet Layer	24.05
23160 - Electrician Maintenance	34.30
23181 - Electronics Technician Maintenance I	24.05
23182 - Electronics Technician Maintenance II	25.66
23183 - Electronics Technician Maintenance III	27.29
23260 - Fabric Worker	22.45

23290 - Fire Alarm System Mechanic	27.29
23310 - Fire Extinguisher Repairer	20.85
23311 - Fuel Distribution System Mechanic	29.33
23312 - Fuel Distribution System Operator	21.87
23370 - General Maintenance Worker	17.48
23380 - Ground Support Equipment Mechanic	27.87
23381 - Ground Support Equipment Servicer	23.41
23382 - Ground Support Equipment Worker	25.08
23391 - Gunsmith I	20.85
23392 - Gunsmith II	24.05
23393 - Gunsmith III	27.29
23410 - Heating Ventilation And Air-Conditioning Mechanic	19.83
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	20.95
23430 - Heavy Equipment Mechanic	29.21
23440 - Heavy Equipment Operator	25.67
23460 - Instrument Mechanic	27.29
23465 - Laboratory/Shelter Mechanic	25.66
23470 - Laborer	13.51
23510 - Locksmith	25.66
23530 - Machinery Maintenance Mechanic	29.35
23550 - Machinist Maintenance	25.37
23580 - Maintenance Trades Helper	18.26
23591 - Metrology Technician I	27.29
23592 - Metrology Technician II	28.69
23593 - Metrology Technician III	30.17
23640 - Millwright	27.29
23710 - Office Appliance Repairer	25.66
23760 - Painter Maintenance	20.20
23790 - Pipefitter Maintenance	24.40
23810 - Plumber Maintenance	22.95
23820 - Pneudraulic Systems Mechanic	27.29
23850 - Rigger	27.29
23870 - Scale Mechanic	24.05
23890 - Sheet-Metal Worker Maintenance	21.77
23910 - Small Engine Mechanic	24.05
23931 - Telecommunications Mechanic I	33.54
23932 - Telecommunications Mechanic II	35.26
23950 - Telephone Lineman	27.13
23960 - Welder Combination Maintenance	29.48
23965 - Well Driller	24.97
23970 - Woodcraft Worker	27.29
23980 - Woodworker	20.85
24000 - Personal Needs Occupations	
24550 - Case Manager	15.79
24570 - Child Care Attendant	12.23
24580 - Child Care Center Clerk	16.79
24610 - Chore Aide	12.55
24620 - Family Readiness And Support Services Coordinator	15.79
24630 - Homemaker	18.38
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	27.29
25040 - Sewage Plant Operator	22.71
25070 - Stationary Engineer	27.29
25190 - Ventilation Equipment Tender	19.23
25210 - Water Treatment Plant Operator	22.71
27000 - Protective Service Occupations	
27004 - Alarm Monitor	18.73
27007 - Baggage Inspector	16.00
27008 - Corrections Officer	19.52
27010 - Court Security Officer	20.49
27030 - Detection Dog Handler	17.89
27040 - Detention Officer	19.52

27070 - Firefighter	21.80
27101 - Guard I	16.00
27102 - Guard II	17.89
27131 - Police Officer I	25.69
27132 - Police Officer II	28.53
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	15.94
28042 - Carnival Equipment Repairer	17.28
28043 - Carnival Worker	12.43
28210 - Gate Attendant/Gate Tender	16.50
28310 - Lifeguard	13.21
28350 - Park Attendant (Aide)	18.47
28510 - Recreation Aide/Health Facility Attendant	13.48
28515 - Recreation Specialist	22.88
28630 - Sports Official	14.70
28690 - Swimming Pool Operator	19.93
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	26.73
29020 - Hatch Tender	26.73
29030 - Line Handler	26.73
29041 - Stevedore I	24.94
29042 - Stevedore II	28.48
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	40.72
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	28.08
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	30.92
30021 - Archeological Technician I	17.95
30022 - Archeological Technician II	20.08
30023 - Archeological Technician III	24.88
30030 - Cartographic Technician	24.88
30040 - Civil Engineering Technician	25.89
30051 - Cryogenic Technician I	27.55
30052 - Cryogenic Technician II	30.42
30061 - Drafter/CAD Operator I	17.95
30062 - Drafter/CAD Operator II	20.08
30063 - Drafter/CAD Operator III	22.38
30064 - Drafter/CAD Operator IV	27.55
30081 - Engineering Technician I	16.02
30082 - Engineering Technician II	17.98
30083 - Engineering Technician III	21.48
30084 - Engineering Technician IV	25.33
30085 - Engineering Technician V	30.42
30086 - Engineering Technician VI	36.81
30090 - Environmental Technician	24.88
30095 - Evidence Control Specialist	24.88
30210 - Laboratory Technician	28.60
30221 - Latent Fingerprint Technician I	27.55
30222 - Latent Fingerprint Technician II	30.42
30240 - Mathematical Technician	24.88
30361 - Paralegal/Legal Assistant I	21.19
30362 - Paralegal/Legal Assistant II	25.62
30363 - Paralegal/Legal Assistant III	31.34
30364 - Paralegal/Legal Assistant IV	37.93
30375 - Petroleum Supply Specialist	30.42
30390 - Photo-Optics Technician	24.88
30395 - Radiation Control Technician	30.42
30461 - Technical Writer I	24.88
30462 - Technical Writer II	30.42
30463 - Technical Writer III	36.81
30491 - Unexploded Ordnance (UXO) Technician I	25.88
30492 - Unexploded Ordnance (UXO) Technician II	31.31
30493 - Unexploded Ordnance (UXO) Technician III	37.53
30494 - Unexploded (UXO) Safety Escort	25.88
30495 - Unexploded (UXO) Sweep Personnel	25.88
30501 - Weather Forecaster I	27.55

30502 - Weather Forecaster II	33.51
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2) 22.38
30621 - Weather Observer Senior	(see 2) 24.88
31000 - Transportation/Mobile Equipment Operation Occupations	
31010 - Airplane Pilot	31.31
31020 - Bus Aide	11.97
31030 - Bus Driver	19.47
31043 - Driver Courier	18.01
31260 - Parking and Lot Attendant	14.04
31290 - Shuttle Bus Driver	18.39
31310 - Taxi Driver	14.36
31361 - Truckdriver Light	19.52
31362 - Truckdriver Medium	21.02
31363 - Truckdriver Heavy	21.40
31364 - Truckdriver Tractor-Trailer	21.40
99000 - Miscellaneous Occupations	
99020 - Cabin Safety Specialist	15.26
99030 - Cashier	12.64
99050 - Desk Clerk	12.80
99095 - Embalmer	28.19
99130 - Flight Follower	25.88
99251 - Laboratory Animal Caretaker I	15.87
99252 - Laboratory Animal Caretaker II	17.35
99260 - Marketing Analyst	27.59
99310 - Mortician	28.19
99410 - Pest Controller	23.25
99510 - Photofinishing Worker	13.60
99710 - Recycling Laborer	20.17
99711 - Recycling Specialist	24.28
99730 - Refuse Collector	18.16
99810 - Sales Clerk	12.68
99820 - School Crossing Guard	13.48
99830 - Survey Party Chief	32.05
99831 - Surveying Aide	19.30
99832 - Surveying Technician	27.21
99840 - Vending Machine Attendant	19.91
99841 - Vending Machine Repairer	24.89
99842 - Vending Machine Repairer Helper	19.91

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$4.60 per hour up to 40 hours per week or \$184.00 per week or \$797.33 per month

HEALTH & WELFARE EO 13706: \$4.23 per hour up to 40 hours per week or \$169.20 per week or \$733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor 3 weeks after 5 years and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day Martin Luther King Jr.'s Birthday Washington's Birthday Memorial Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**** HAZARDOUS PAY DIFFERENTIAL ****

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder.

All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However in those instances where the uniforms furnished are made of "wash and wear" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated.

** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) **

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract a separate SF-1444 should be prepared for each wage

determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).
- 4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the "Service Contract Act Directory of Occupations" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1))."

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2015-5729 Revision No.: 15 Date Of Last Revision: 07/21/2021
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Daniel W. Simms Director	Division of Wage Determinations
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Note: Under Executive Order (EO) 13658 an hourly minimum wage of \$10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Florida

Area: Florida County of Sumter

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		14.65
01012 - Accounting Clerk II		16.44
01013 - Accounting Clerk III		18.40
01020 - Administrative Assistant		23.99
01035 - Court Reporter		18.20
01041 - Customer Service Representative I		12.38
01042 - Customer Service Representative II		13.50
01043 - Customer Service Representative III		15.16
01051 - Data Entry Operator I		13.28
01052 - Data Entry Operator II		14.49
01060 - Dispatcher Motor Vehicle		17.69
01070 - Document Preparation Clerk		14.49
01090 - Duplicating Machine Operator		14.49
01111 - General Clerk I		12.93
01112 - General Clerk II		14.11
01113 - General Clerk III		15.84
01120 - Housing Referral Assistant		19.80
01141 - Messenger Courier		11.81
01191 - Order Clerk I		13.28
01192 - Order Clerk II		14.49
01261 - Personnel Assistant (Employment) I		16.26
01262 - Personnel Assistant (Employment) II		18.20
01263 - Personnel Assistant (Employment) III		20.28
01270 - Production Control Clerk		18.85
01290 - Rental Clerk		14.59
01300 - Scheduler Maintenance		16.26
01311 - Secretary I		16.26
01312 - Secretary II		17.69
01313 - Secretary III		19.80

01320 - Service Order Dispatcher	18.24
01410 - Supply Technician	18.81
01420 - Survey Worker	23.99
01460 - Switchboard Operator/Receptionist	13.68
01531 - Travel Clerk I	13.68
01532 - Travel Clerk II	14.84
01533 - Travel Clerk III	15.96
01611 - Word Processor I	14.49
01612 - Word Processor II	16.26
01613 - Word Processor III	18.20
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer Fiberglass	22.44
05010 - Automotive Electrician	21.05
05040 - Automotive Glass Installer	19.66
05070 - Automotive Worker	19.66
05110 - Mobile Equipment Servicer	16.94
05130 - Motor Equipment Metal Mechanic	22.44
05160 - Motor Equipment Metal Worker	19.66
05190 - Motor Vehicle Mechanic	22.44
05220 - Motor Vehicle Mechanic Helper	15.58
05250 - Motor Vehicle Upholstery Worker	18.32
05280 - Motor Vehicle Wrecker	19.66
05310 - Painter Automotive	21.05
05340 - Radiator Repair Specialist	19.66
05370 - Tire Repairer	13.81
05400 - Transmission Repair Specialist	22.44
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.87
07041 - Cook I	13.93
07042 - Cook II	16.16
07070 - Dishwasher	10.19
07130 - Food Service Worker	13.04
07210 - Meat Cutter	18.14
07260 - Waiter/Waitress	9.75
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	20.77
09040 - Furniture Handler	12.64
09080 - Furniture Refinisher	20.77
09090 - Furniture Refinisher Helper	15.37
09110 - Furniture Repairer Minor	18.06
09130 - Upholsterer	20.77
11000 - General Services And Support Occupations	
11030 - Cleaner Vehicles	13.04
11060 - Elevator Operator	12.51
11090 - Gardener	15.56
11122 - Housekeeping Aide	12.51
11150 - Janitor	12.51
11210 - Laborer Grounds Maintenance	11.77
11240 - Maid or Houseman	10.28
11260 - Pruner	10.46
11270 - Tractor Operator	14.31
11330 - Trail Maintenance Worker	11.77
11360 - Window Cleaner	14.08
12000 - Health Occupations	
12010 - Ambulance Driver	19.75
12011 - Breath Alcohol Technician	19.75
12012 - Certified Occupational Therapist Assistant	27.09
12015 - Certified Physical Therapist Assistant	33.50
12020 - Dental Assistant	21.08
12025 - Dental Hygienist	34.00
12030 - EKG Technician	29.92
12035 - Electroneurodiagnostic Technologist	29.92
12040 - Emergency Medical Technician	19.75
12071 - Licensed Practical Nurse I	17.66
12072 - Licensed Practical Nurse II	19.75

12073 - Licensed Practical Nurse III	22.01
12100 - Medical Assistant	14.80
12130 - Medical Laboratory Technician	21.86
12160 - Medical Record Clerk	15.16
12190 - Medical Record Technician	23.08
12195 - Medical Transcriptionist	17.66
12210 - Nuclear Medicine Technologist	43.40
12221 - Nursing Assistant I	11.63
12222 - Nursing Assistant II	13.09
12223 - Nursing Assistant III	14.27
12224 - Nursing Assistant IV	16.02
12235 - Optical Dispenser	19.75
12236 - Optical Technician	17.66
12250 - Pharmacy Technician	14.79
12280 - Phlebotomist	15.97
12305 - Radiologic Technologist	27.47
12311 - Registered Nurse I	23.48
12312 - Registered Nurse II	28.72
12313 - Registered Nurse II Specialist	28.72
12314 - Registered Nurse III	34.74
12315 - Registered Nurse III Anesthetist	34.74
12316 - Registered Nurse IV	41.64
12317 - Scheduler (Drug and Alcohol Testing)	24.46
12320 - Substance Abuse Treatment Counselor	24.46
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	19.34
13012 - Exhibits Specialist II	23.96
13013 - Exhibits Specialist III	29.31
13041 - Illustrator I	17.56
13042 - Illustrator II	21.97
13043 - Illustrator III	27.74
13047 - Librarian	26.53
13050 - Library Aide/Clerk	13.46
13054 - Library Information Technology Systems Administrator	22.14
13058 - Library Technician	14.87
13061 - Media Specialist I	13.10
13062 - Media Specialist II	14.87
13063 - Media Specialist III	16.58
13071 - Photographer I	14.95
13072 - Photographer II	16.73
13073 - Photographer III	20.72
13074 - Photographer IV	25.35
13075 - Photographer V	30.67
13090 - Technical Order Library Clerk	16.73
13110 - Video Teleconference Technician	15.01
14000 - Information Technology Occupations	
14041 - Computer Operator I	15.97
14042 - Computer Operator II	18.13
14043 - Computer Operator III	20.57
14044 - Computer Operator IV	22.85
14045 - Computer Operator V	25.31
14071 - Computer Programmer I	(see 1) 17.10
14072 - Computer Programmer II	(see 1) 21.19
14073 - Computer Programmer III	(see 1) 25.92
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1) 25.35
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	15.97
14160 - Personal Computer Support Technician	22.85
14170 - System Support Specialist	23.01
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	21.76
15020 - Aircrew Training Devices Instructor (Rated)	26.33

15030 - Air Crew Training Devices Instructor (Pilot)	30.98
15050 - Computer Based Training Specialist / Instructor	21.76
15060 - Educational Technologist	23.72
15070 - Flight Instructor (Pilot)	30.98
15080 - Graphic Artist	21.85
15085 - Maintenance Test Pilot Fixed Jet/Prop	30.98
15086 - Maintenance Test Pilot Rotary Wing	30.98
15088 - Non-Maintenance Test/Co-Pilot	30.98
15090 - Technical Instructor	17.86
15095 - Technical Instructor/Course Developer	21.85
15110 - Test Proctor	14.41
15120 - Tutor	14.41
16000 - Laundry Dry-Cleaning Pressing And Related Occupations	
16010 - Assembler	10.15
16030 - Counter Attendant	10.15
16040 - Dry Cleaner	12.95
16070 - Finisher Flatwork Machine	10.15
16090 - Presser Hand	10.15
16110 - Presser Machine Drycleaning	10.15
16130 - Presser Machine Shirts	10.15
16160 - Presser Machine Wearing Apparel Laundry	10.15
16190 - Sewing Machine Operator	13.81
16220 - Tailor	14.65
16250 - Washer Machine	11.05
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	20.77
19040 - Tool And Die Maker	26.18
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	14.87
21030 - Material Coordinator	17.48
21040 - Material Expediter	17.48
21050 - Material Handling Laborer	14.00
21071 - Order Filler	12.66
21080 - Production Line Worker (Food Processing)	14.87
21110 - Shipping Packer	19.47
21130 - Shipping/Receiving Clerk	19.47
21140 - Store Worker I	11.28
21150 - Stock Clerk	16.14
21210 - Tools And Parts Attendant	14.87
21410 - Warehouse Specialist	14.87
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	23.46
23019 - Aircraft Logs and Records Technician	18.06
23021 - Aircraft Mechanic I	22.14
23022 - Aircraft Mechanic II	23.46
23023 - Aircraft Mechanic III	24.83
23040 - Aircraft Mechanic Helper	15.37
23050 - Aircraft Painter	20.77
23060 - Aircraft Servicer	18.06
23070 - Aircraft Survival Flight Equipment Technician	20.77
23080 - Aircraft Worker	19.39
23091 - Aircrew Life Support Equipment (ALSE) Mechanic I	19.39
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	22.14
23110 - Appliance Mechanic	20.77
23120 - Bicycle Repairer	15.77
23125 - Cable Splicer	30.64
23130 - Carpenter Maintenance	17.38
23140 - Carpet Layer	19.39
23160 - Electrician Maintenance	21.76
23181 - Electronics Technician Maintenance I	19.39
23182 - Electronics Technician Maintenance II	21.14
23183 - Electronics Technician Maintenance III	22.67
23260 - Fabric Worker	18.06

23290 - Fire Alarm System Mechanic	22.14
23310 - Fire Extinguisher Repairer	16.71
23311 - Fuel Distribution System Mechanic	22.14
23312 - Fuel Distribution System Operator	16.71
23370 - General Maintenance Worker	16.59
23380 - Ground Support Equipment Mechanic	22.14
23381 - Ground Support Equipment Servicer	18.06
23382 - Ground Support Equipment Worker	19.39
23391 - Gunsmith I	16.71
23392 - Gunsmith II	19.39
23393 - Gunsmith III	22.14
23410 - Heating Ventilation And Air-Conditioning Mechanic	17.63
23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	18.69
23430 - Heavy Equipment Mechanic	20.07
23440 - Heavy Equipment Operator	19.15
23460 - Instrument Mechanic	22.14
23465 - Laboratory/Shelter Mechanic	20.77
23470 - Laborer	14.00
23510 - Locksmith	20.77
23530 - Machinery Maintenance Mechanic	21.96
23550 - Machinist Maintenance	22.14
23580 - Maintenance Trades Helper	14.65
23591 - Metrology Technician I	22.14
23592 - Metrology Technician II	23.46
23593 - Metrology Technician III	24.83
23640 - Millwright	22.14
23710 - Office Appliance Repairer	20.77
23760 - Painter Maintenance	20.77
23790 - Pipefitter Maintenance	24.46
23810 - Plumber Maintenance	22.95
23820 - Pneudraulic Systems Mechanic	22.14
23850 - Rigger	22.14
23870 - Scale Mechanic	19.39
23890 - Sheet-Metal Worker Maintenance	20.00
23910 - Small Engine Mechanic	19.15
23931 - Telecommunications Mechanic I	22.14
23932 - Telecommunications Mechanic II	23.46
23950 - Telephone Lineman	21.33
23960 - Welder Combination Maintenance	22.14
23965 - Well Driller	22.14
23970 - Woodcraft Worker	22.14
23980 - Woodworker	16.71
24000 - Personal Needs Occupations	
24550 - Case Manager	16.81
24570 - Child Care Attendant	10.79
24580 - Child Care Center Clerk	13.54
24610 - Chore Aide	12.03
24620 - Family Readiness And Support Services Coordinator	16.81
24630 - Homemaker	16.81
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	22.14
25040 - Sewage Plant Operator	21.03
25070 - Stationary Engineer	22.14
25190 - Ventilation Equipment Tender	15.37
25210 - Water Treatment Plant Operator	21.03
27000 - Protective Service Occupations	
27004 - Alarm Monitor	16.79
27007 - Baggage Inspector	11.99
27008 - Corrections Officer	24.52
27010 - Court Security Officer	18.84
27030 - Detection Dog Handler	13.87
27040 - Detention Officer	24.52

27070 - Firefighter	23.89
27101 - Guard I	11.99
27102 - Guard II	13.87
27131 - Police Officer I	20.86
27132 - Police Officer II	23.17
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	15.11
28042 - Carnival Equipment Repairer	16.40
28043 - Carnival Worker	11.14
28210 - Gate Attendant/Gate Tender	16.03
28310 - Lifeguard	14.28
28350 - Park Attendant (Aide)	17.94
28510 - Recreation Aide/Health Facility Attendant	13.09
28515 - Recreation Specialist	21.51
28630 - Sports Official	14.28
28690 - Swimming Pool Operator	19.24
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	19.39
29020 - Hatch Tender	19.39
29030 - Line Handler	19.39
29041 - Stevedore I	18.06
29042 - Stevedore II	20.77
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist Center (HFO) (see 2)	40.29
30011 - Air Traffic Control Specialist Station (HFO) (see 2)	27.78
30012 - Air Traffic Control Specialist Terminal (HFO) (see 2)	30.59
30021 - Archeological Technician I	16.94
30022 - Archeological Technician II	19.10
30023 - Archeological Technician III	23.67
30030 - Cartographic Technician	23.67
30040 - Civil Engineering Technician	20.97
30051 - Cryogenic Technician I	24.05
30052 - Cryogenic Technician II	26.56
30061 - Drafter/CAD Operator I	16.94
30062 - Drafter/CAD Operator II	19.10
30063 - Drafter/CAD Operator III	21.30
30064 - Drafter/CAD Operator IV	26.18
30081 - Engineering Technician I	14.12
30082 - Engineering Technician II	15.85
30083 - Engineering Technician III	18.18
30084 - Engineering Technician IV	22.52
30085 - Engineering Technician V	27.55
30086 - Engineering Technician VI	33.33
30090 - Environmental Technician	19.86
30095 - Evidence Control Specialist	19.86
30210 - Laboratory Technician	17.88
30221 - Latent Fingerprint Technician I	24.05
30222 - Latent Fingerprint Technician II	26.56
30240 - Mathematical Technician	23.18
30361 - Paralegal/Legal Assistant I	19.28
30362 - Paralegal/Legal Assistant II	23.58
30363 - Paralegal/Legal Assistant III	28.86
30364 - Paralegal/Legal Assistant IV	34.91
30375 - Petroleum Supply Specialist	24.29
30390 - Photo-Optics Technician	23.67
30395 - Radiation Control Technician	24.29
30461 - Technical Writer I	19.86
30462 - Technical Writer II	24.29
30463 - Technical Writer III	29.40
30491 - Unexploded Ordnance (UXO) Technician I	25.60
30492 - Unexploded Ordnance (UXO) Technician II	30.98
30493 - Unexploded Ordnance (UXO) Technician III	37.13
30494 - Unexploded (UXO) Safety Escort	25.60
30495 - Unexploded (UXO) Sweep Personnel	25.60
30501 - Weather Forecaster I	26.18

30502 - Weather Forecaster II	31.84
30620 - Weather Observer Combined Upper Air Or Surface Programs	(see 2) 21.30
30621 - Weather Observer Senior	(see 2) 23.67
31000 - Transportation/Mobile Equipment Operation Occupations	
31010 - Airplane Pilot	30.98
31020 - Bus Aide	13.55
31030 - Bus Driver	18.76
31043 - Driver Courier	14.83
31260 - Parking and Lot Attendant	12.03
31290 - Shuttle Bus Driver	15.76
31310 - Taxi Driver	13.99
31361 - Truckdriver Light	15.76
31362 - Truckdriver Medium	17.05
31363 - Truckdriver Heavy	18.99
31364 - Truckdriver Tractor-Trailer	18.99
99000 - Miscellaneous Occupations	
99020 - Cabin Safety Specialist	15.10
99030 - Cashier	11.30
99050 - Desk Clerk	12.24
99095 - Embalmer	25.60
99130 - Flight Follower	25.60
99251 - Laboratory Animal Caretaker I	16.42
99252 - Laboratory Animal Caretaker II	17.25
99260 - Marketing Analyst	26.24
99310 - Mortician	25.60
99410 - Pest Controller	19.02
99510 - Photofinishing Worker	13.45
99710 - Recycling Laborer	14.58
99711 - Recycling Specialist	17.73
99730 - Refuse Collector	12.95
99810 - Sales Clerk	12.52
99820 - School Crossing Guard	12.95
99830 - Survey Party Chief	19.85
99831 - Surveying Aide	12.34
99832 - Surveying Technician	16.90
99840 - Vending Machine Attendant	17.73
99841 - Vending Machine Repairer	22.37
99842 - Vending Machine Repairer Helper	17.73

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2017. If this contract is covered by the EO the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness injury or other health-related needs including preventive care; to assist a family member (or person who is like family to the employee) who is ill injured or has other health-related needs including preventive care; or for reasons resulting from or to assist a family member (or person who is like family to the employee) who is the victim of domestic violence sexual assault or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$4.60 per hour up to 40 hours per week or \$184.00 per week or \$797.33 per month

HEALTH & WELFARE EO 13706: \$4.23 per hour up to 40 hours per week or \$169.20 per week or \$733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor 3 weeks after 8 years and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (See 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day Martin Luther King Jr.'s Birthday Washington's Birthday Memorial Day Independence Day Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;

(2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;

(3) The design documentation testing creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**** HAZARDOUS PAY DIFFERENTIAL ****

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder.

All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However in those instances where the uniforms furnished are made of "wash and wear" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

**** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS ****

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated.

**** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) ****

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract a separate SF-1444 should be prepared for each wage

determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).
- 4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the "Service Contract Act Directory of Occupations" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1))."

"REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor	U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2015-4533 Revision No.: 14 Date Of Last Revision: 07/21/2021
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Note: Under Executive Order (EO) 13658 an hourly minimum wage of \$10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.95 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Florida

Area: Florida Counties of Flagler Volusia

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		14.84
01012 - Accounting Clerk II		16.66
01013 - Accounting Clerk III		18.64
01020 - Administrative Assistant		24.35
01035 - Court Reporter		18.19
01041 - Customer Service Representative I		12.21
01042 - Customer Service Representative II		13.74
01043 - Customer Service Representative III		14.98
01051 - Data Entry Operator I		12.76
01052 - Data Entry Operator II		13.92
01060 - Dispatcher Motor Vehicle		17.67
01070 - Document Preparation Clerk		15.98
01090 - Duplicating Machine Operator		15.98
01111 - General Clerk I		13.16
01112 - General Clerk II		14.36
01113 - General Clerk III		16.13
01120 - Housing Referral Assistant		19.76
01141 - Messenger Courier		13.71
01191 - Order Clerk I		13.89
01192 - Order Clerk II		15.15
01261 - Personnel Assistant (Employment) I		16.57
01262 - Personnel Assistant (Employment) II		18.55
01263 - Personnel Assistant (Employment) III		20.67
01270 - Production Control Clerk		20.45
01290 - Rental Clerk		13.09
01300 - Scheduler Maintenance		15.84
01311 - Secretary I		15.84
01312 - Secretary II		17.73
01313 - Secretary III		19.76

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188											
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>																	
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>													
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR												
1. DATA ITEM NO. D010	2. TITLE OF DATA ITEM MTF Daily Reject Report				3. SUBTITLE												
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.11.3.3		6. REQUIRING OFFICE TMA/Pharm Ops												
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Daily		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION											
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 50%;">a. ADDRESSEE</td> <td colspan="3" style="text-align: center;">b. COPIES</td> </tr> <tr> <td style="width: 10%; text-align: center;">Draft</td> <td colspan="2" style="text-align: center;">Final</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Reg</td> <td style="text-align: center;">Repro</td> </tr> </table>		a. ADDRESSEE	b. COPIES			Draft	Final				Reg
a. ADDRESSEE	b. COPIES																
	Draft	Final															
		Reg	Repro														
16. REMARKS Block 12: 10th calendar day following the start of pharmacy services Block 13: Each subsequent calendar day. The contractor shall provide a daily summary of data on all MTF claims that rejected on the previous day. The reports shall be broken out by MTF and sent to the contact at each MTF designated by the government. A copy shall also be provided daily to the TMA-POC via upload to the secure FTP server provided by the government. Data fields include: Processed Date Processed Time PDTs Transaction Number Date Filled Reject Code 1 Reject Description 1 Reject Code 2 Reject Description 2 Extended Reject Code 2 Extended Reject Description Code 2 Reject Code 3 Reject Description 3 Extended Reject Code 3 Extended Reject Description Code 3 PCN Number Provider ID (Pharmacy NPI) Pharmacy Name Pharmacy Chain Number Patient ID Patient Name NDC Drug Code Drug Name Drug Strength Drug Dosage Form Drug Utilization Review Conflict or Severity Codes DUR Intervention Code DUR Outcome Code Quantity Day Supply New/Refill Code						See Block 16											
						15. TOTAL →						0	0	0			
						G. PREPARED BY Hector Morales			H. DATE 1/15/2013		I. APPROVED BY William Blanche		J. DATE 1/23/2013				

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

Drug Dosage Form
 Drug Utilization Review Conflict or Severity Codes
 DUR Intervention Code
 DUR Outcome Code
 Quantity
 Day Supply
 New/Refill Code
 Provider ID

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

[illegible]

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT Attachment A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Claims Data</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

TRICARE Pharmacy Program, Fourth Generation (TPharm4)**Retail Pharmacy Claims (RPC) Data Requirements** (updated 2013-06-30)**NOTE:** These data requirements are *in addition* to those specified in TRICARE Systems Manual (TSM).**1.0 General Information**

1.1 The TPharm contractor shall submit TED records (batch/voucher header, non-institutional, and provider) to TRICARE Management Activity (TMA) as per TRICARE Systems Manual (TSM). In addition, the contractor shall submit Retail Pharmacy Claims (RPC) data files to TMA as instructed below.

1.2 Retail Pharmacy Claims (RPC) data files are required for all claims processed by the TPharm contractor for drugs and supplies dispensed at or through non-DoD pharmacies. RPC data files are NOT required for claims for administrative services (such as Prior Authorization or Medical Necessity) or for items dispensed through TRICARE Pharmacy Home Delivery (also known as TRICARE Mail Order Pharmacy or TMOP).

1.3 TED records for claims processed by the TPharm contractor for drugs and supplies dispensed at or through non-DoD pharmacies are submitted with BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER (on BATCH/VOUCHER HEADER records) starting with either "1889" or "18D9". Each time the contractor submits or resubmits such TED records, it shall also submit or resubmit "companion" RPC records.

2.0 RPC-Specific Data Communications Technical Requirements

2.1 Communication Protocol: Connect:Direct through MHS B2B Gateway or Connect:Direct using Internet and Secure+.

2.2 Timing and other requirements: First submission shall be submitted at the same time as the first TED submission. Subsequent submissions shall be submitted with subsequent TED submissions.

3.0 RPC-Specific Transmission Records

3.1 The requirement for all electronic transmissions will incorporate the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated standards wherever feasible.

3.2 The first record in each transmission to TMA will be a transmission header, using the following format. Where value is specified under comments, the value must be reported exactly as shown.

TRANSMISSION HEADER RECORD FORMAT

Position(s)	Description	Content	Comment
1-8	Alpha	Data Type	Must be "RPC Data".
9-10	**	Delimiter	Must be "***".
11-22	Alphanumeric	File Name	"RPyyyyymmddnnss", where yyyyymmdd is the Transmission Date, nn is the TMA-assigned Contractor Number, and ss is the sequence number (01-99) of the file sent on a particular day.
23-24	**	Delimiter	Must be "***".
25-29	Alpha		Must be "FSIZE".
30-Variable	Numeric	File Size	Total number of <i>VOUCHER</i> records and <i>CLAIM</i> records. Includes transmission header, excludes transmission trailer.
Variable (2 positions)	**	Delimiter	Must be "***".
Variable (6 positions)	Alpha	Record Type	Must be "RTYPEV".
Variable (2 positions)	**	Delimiter	Must be "***".
Variable (7 positions)	Alpha		Must be "MAXRLEN".
Variable (2 positions)	**	Delimiter	Must be "***".
Variable	Numeric	Maximum Record Length	1000. (Length of the longest variable length record within the transmission.)
Variable (2 positions)	**	Delimiter	Must be "***".
Variable - 80	Blank	Reserved	Must be spaces.

3.3 Appended to the end of each transmission to TMA will be a transmission trailer record. The format for the transmission trailer record follows:

TRANSMISSION TRAILER RECORD FORMAT

Position(s)	Description	Content	Comment
1	Alpha	Record ID	Must be "@" sign.
2-3	Alphanumeric	Contractor Number	TMA-assigned Contractor Number.
4-10	Alphanumeric	Transmission Date	Enter in YYYYDD format.
11-14	Numeric	Voucher Count	Number of <i>VOUCHER</i> records in the transmission.
15-20	Numeric	Record Count	Total number of <i>VOUCHER</i> records and <i>CLAIM</i> records. Excludes transmission header and transmission trailer.
21 - 80	Blank	Reserved	Must be spaces.

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4.0 RPC VOUCHER Data Element Layout

4.1 For every TED BATCH/VOUCHER HEADER record with BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER starting with "1889" or "18D9", the contractor shall also submit a matching and identical RPC VOUCHER record.

ELN	ELEMENT NAME	NCPDP		POSITION			Corresponding TED Data Element	
		Field #	FORMAT	Width	FROM	THRU	ELN	ELEMENT NAME
0-001	HEADER TYPE INDICATOR	n/a	X	1	1	1	0-001	HEADER TYPE INDICATOR
0-010	CONTRACT NUMBER	n/a	X(13)	13	2	14	0-010	CONTRACT NUMBER
0-015	BATCH/VOUCHER IDENTIFIER	n/a	X	1	15	15	0-015	BATCH/VOUCHER IDENTIFIER
0-025	BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER	n/a	X(8)	8	16	23	0-025	BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER
0-030	BATCH/VOUCHER DATE	n/a	YYYYDDD	7	24	30	0-030	BATCH/VOUCHER DATE
0-035	BATCH/VOUCHER SEQUENCE NUMBER	n/a	X(2)	2	31	32	0-035	BATCH/VOUCHER SEQUENCE NUMBER
0-040	BATCH/VOUCHER RESUBMISSION NUMBER	n/a	X(2)	2	33	34	0-040	BATCH/VOUCHER RESUBMISSION NUMBER
0-045	TOTAL NUMBER OF RECORDS	n/a	9(7)	7	35	41	0-045	TOTAL NUMBER OF RECORDS
0-050	TOTAL AMOUNT PAID	n/a	S9(10)V99	12	42	53	0-050	TOTAL AMOUNT PAID
0-055	INITIAL TRANSMISSION DATE (TMA DERIVED)	n/a	YYYYMMDD	8	54	61	0-055	INITIAL TRANSMISSION DATE (TMA DERIVED)
0-060	TMA BATCH/VOUCHER PROCESSING DATE (TMA DERIVED)	n/a	YYYYMMDD	8	62	69	0-060	TMA BATCH/VOUCHER PROCESSING DATE (TMA DERIVED)
0-065	FUND ACCOUNTING	n/a	S9(8)V99	10	70	79	0-065	FUND ACCOUNTING

5.0 RPC CLAIM Data Element Layout

5.1 For every TED NON-INSTITUTIONAL record submitted together with a TED BATCH/VOUCHER HEADER record with BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER starting with "1889" or "18D9", the contractor shall also submit a companion RPC CLAIM record consisting of data elements listed below.

5.2 Relationship between RPC CLAIM data elements and TED NON-INSTITUTIONAL data elements:

- TED RECORD INDICATOR data: The first 7 data elements, in the first 33 positions, on the RPC CLAIM record shall be identical to the first 7 data elements, and the first 33 positions, on the companion TED NON-INSTITUTIONAL record, as per Chapter 2, Section 2.2 of TSM.
- Other TED data: The next 12 RPC CLAIM elements shall be identical to those on the companion TED NON-INSTITUTIONAL record, albeit in different positions.
- NCPDP data: The rest of the RPC CLAIM elements shall be populated with original claim data as per NCPDP Telecommunication Standard Version D.0 or later.

ELN	ELEMENT NAME	NCPDP		POSITION			Corresponding TED Data Element	
		Field #	FORMAT	Width	FROM	THRU	ELN	ELEMENT NAME
X-001	RECORD TYPE INDICATOR	n/a	X(1)	1	1	1	2-001	RECORD TYPE INDICATOR
X-015	FILING DATE	n/a	YYYYDDD	7	2	8	2-015	FILING DATE
X-020	FILING STATE/COUNTRY CODE	n/a	X(3)	3	9	11	2-020	FILING STATE/COUNTRY CODE
X-025	SEQUENCE NUMBER	n/a	X(7)	7	12	18	2-025	SEQUENCE NUMBER
X-030	TIME STAMP	n/a	X(6)	6	19	24	2-030	TIME STAMP
X-035	ADJUSTMENT KEY	n/a	X(1)	1	25	25	2-035	ADJUSTMENT KEY
X-040	DATE TED RECORDS PROCESSED TO COMPLETION	n/a	YYYYMMDD	8	26	33	2-040	DATE TED RECORDS PROCESSED TO COMPLETION
X-055	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)	n/a	X(1)	1	34	34	2-055	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)
X-100	TYPE OF SUBMISSION	n/a	X(1)	1	35	35	2-100	TYPE OF SUBMISSION
X-105	CLAIM FORM TYPE/EMC INDICATOR	n/a	X(1)	1	36	36	2-105	CLAIM FORM TYPE/EMC INDICATOR
X-155	END DATE OF CARE	n/a	YYYYMMDD	8	37	44	2-155	END DATE OF CARE
X-170	NATIONAL DRUG CODE	n/a	X(11)	11	45	55	2-170	NATIONAL DRUG CODE
X-185	AMOUNT ALLOWED BY PROCEDURE CODE	n/a	S9(7)V99	9	56	64	2-185	AMOUNT ALLOWED
X-190	AMOUNT PAID BY OTHER HEALTH INSURANCE (OHI)	n/a	S9(7)V99	9	65	73	2-190	AMOUNT PAID BY OTHER HEALTH INSURANCE (OHI)
X-205	AMOUNT PAID BY GOV'T CONTRACTOR BY PROCEDURE CODE	n/a	S9(7)V99	9	74	82	2-205	AMOUNT PAID BY GOV'T CONTRACTOR BY PROCEDURE CODE
X-230	PROVIDER ORGANIZATIONAL NPI NUMBER	n/a	X(15)	15	83	97	2-230	PROVIDER ORGANIZATIONAL NPI NUMBER
X-250	PROVIDER ZIP CODE	n/a	X(9)	9	98	106	2-250	PROVIDER ZIP CODE
X-265	PROVIDER NETWORK STATUS INDICATOR	n/a	X(1)	1	107	107	2-265	PROVIDER NETWORK STATUS INDICATOR
X-305	SPECIAL PROCESSING CODE	n/a	X(8)	8	108	115	2-305	SPECIAL PROCESSING CODE
X-601	Transaction Response Status	112-AN	X(1)	1	116	116	<--- start of Status Segment fields	
X-604	Authorization Number	503-F3	X(20)	20	117	136	<--- start of Header Segment fields	
X-607	Service Provider ID Qualifier	202-B2	X(2)	2	137	138		
X-610	Service Provider ID	201-B1	X(15)	15	139	153		
X-613	Date of Service	401-D1	YYYYMMDD	8	154	161	<--- start of Claim Segment fields	
X-616	Prescription/Service Reference Number Qualifier	455-EM	X(1)	1	162	162		
X-619	Prescription/Service Reference Number	402-D2	9(12)	12	163	174		
X-622	Product/Service ID Qualifier	436-E1	X(2)	2	175	176	<--- start of Claim Segment fields	
X-625	Product/Service ID	407-D7	X(19)	19	177	195		
X-628	Quantity Dispensed	442-E7	9(7)V999	10	196	205		
X-631	Fill Number	403-D3	9(2)	2	206	207	<--- start of Claim Segment fields	
X-634	Days Supply	405-D5	9(3)	3	208	210		
X-637	Compound Code	406-D6	9(1)	1	211	211		
X-640	Dispense As Written (DAW)/Product Selection Code	408-D8	X(1)	1	212	212	<--- start of Claim Segment fields	
X-643	Date Prescription Written	414-DE	YYYYMMDD	8	213	220		
X-646	Number of Refills Authorized	415-DF	9(2)	2	221	222		
X-649	Prescription Origin Code	419-DJ	9(1)	1	223	223	<--- start of Claim Segment fields	
X-652	Submission Clarification Code Count (max = 3)	354-NX	9(1)	1	224	224		
X-655	Submission Clarification Code - 1st	420-DK	9(2)	2	225	226		
X-658	Submission Clarification Code - 2nd	420-DK	9(2)	2	227	228	<--- start of Claim Segment fields	
X-661	Submission Clarification Code - 3rd	420-DK	9(2)	2	229	230		
X-664	Other Coverage Code	308-C8	9(2)	2	231	232		
X-667	Unit of Measure	600-28	X(2)	2	233	234	<--- start of Claim Segment fields	
X-670	Level of Service	418-DI	9(2)	2	235	236		
X-673	Prior Authorization Type Code	461-EU	9(2)	2	237	238		
X-676	Prior Auth Number Submitted	462-EV	9(11)	11	239	249	<--- start of Claim Segment fields	
X-679	Route of Administration	995-E2	X(11)	11	250	260		
X-682	Dispensing Status	343-HD	X(1)	1	261	261		
X-685	Associated Prescription/Service Reference Number	456-EN	9(12)	12	262	273	<--- start of Claim Segment fields	
X-688	Associated Prescription/Service Date	457-EP	YYYYMMDD	8	274	281		
X-691	Quantity Prescribed	460-ET	9(7)V999	10	282	291		
X-694	Quantity Intended To Be Dispensed	344-HF	9(7)V999	10	292	301	<--- start of Claim Segment fields	

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X-697	Days Supply Intended To Be Dispensed	345-HG	9(3)	3	302	304
X-700	Prescriber ID Qualifier	466-EZ	X(2)	2	305	306
X-703	Prescriber ID	411-DB	X(15)	15	307	321
X-706	Ingredient Cost Submitted	409-D9	S9(6)V99	8	322	329
X-709	Patient Assignment Indicator (DMR Indicator)	391-MT	X(1)	1	330	330
X-712	Pharmacy Service Type	147-U7	9(2)	2	331	332
X-715	Dispensing Fee Submitted	412-DC	S9(6)V99	8	333	340
X-718	Patient Paid Amount Submitted	433-DX	S9(6)V99	8	341	348
X-721	Usual and Customary Charge	426-DQ	S9(6)V99	8	349	356
X-724	Gross Amount Due	430-DU	S9(6)V99	8	357	364
X-727	Basis of Cost Determination	423-DN	X(2)	2	365	366
X-730	Patient Pay Amount	505-F5	S9(6)V99	8	367	374
X-733	Ingredient Cost Paid	506-F6	S9(6)V99	8	375	382
X-736	Dispensing Fee Paid	507-F7	S9(6)V99	8	383	390
X-739	Other Payer Amount Recognized	566-J5	S9(6)V99	8	391	398
X-742	Total Amount Paid	509-F9	S9(6)V99	8	399	406
X-745	Basis of Reimbursement Determination	522-FM	9(2)	2	407	408
X-748	Coordination of Benefits/Other Payments Count (max = 3)	337-4C	9(1)	1	409	409
X-751	Other Payer Coverage Type 1st	338-5C	X(2)	2	410	411
X-754	Other Payer ID Qualifier 1st	339-6C	X(2)	2	412	413
X-757	Other Payer ID 1st	340-7C	X(10)	10	414	423
X-760	Other Payer Date 1st	443-E8	YYYYMMDD	8	424	431
X-763	Other Payer Amount Paid Count 1st	341-HB	9(1)	1	432	432
X-766	[Sum of] Other Payer Amount Paid 1st	431-DV	S9(6)V99	8	433	440
X-769	Other Payer Reject Count 1st (max = 5)	471-5E	9(2)	2	441	442
X-772	Other Payer Reject Code 1st-1	472-6E	X(3)	3	443	445
X-775	Other Payer Reject Code 1st-2	472-6E	X(3)	3	446	448
X-778	Other Payer Reject Code 1st-3	472-6E	X(3)	3	449	451
X-781	Other Payer Reject Code 1st-4	472-6E	X(3)	3	452	454
X-784	Other Payer Reject Code 1st-5	472-6E	X(3)	3	455	457
X-787	Other Payer Coverage Type 2nd	338-5C	X(2)	2	458	459
X-790	Other Payer ID Qualifier 2nd	339-6C	X(2)	2	460	461
X-793	Other Payer ID 2nd	340-7C	X(10)	10	462	471
X-796	Other Payer Date 2nd	443-E8	YYYYMMDD	8	472	479
X-799	Other Payer Amount Paid Count 2nd (max = 5)	341-HB	9(1)	1	480	480
X-802	[Sum of] Other Payer Amount Paid 2nd	431-DV	S9(6)V99	8	481	488
X-805	Other Payer Reject Count 2nd	471-5E	9(2)	2	489	490
X-808	Other Payer Reject Code 2nd-1	472-6E	X(3)	3	491	493
X-811	Other Payer Reject Code 2nd-2	472-6E	X(3)	3	494	496
X-814	Other Payer Reject Code 2nd-3	472-6E	X(3)	3	497	499
X-817	Other Payer Reject Code 2nd-4	472-6E	X(3)	3	500	502
X-820	Other Payer Reject Code 2nd-5	472-6E	X(3)	3	503	505
X-823	Other Payer Coverage Type 3rd	338-5C	X(2)	2	506	507
X-826	Other Payer ID Qualifier 3rd	339-6C	X(2)	2	508	509
X-829	Other Payer ID 3rd	340-7C	X(10)	10	510	519
X-832	Other Payer Date 3rd	443-E8	YYYYMMDD	8	520	527
X-835	Other Payer Amount Paid Count 3rd	341-HB	9(1)	1	528	528
X-838	[Sum of] Other Payer Amount Paid 3rd	431-DV	S9(6)V99	8	529	536
X-841	Other Payer Reject Count 3rd (max = 5)	471-5E	9(2)	2	537	538
X-844	Other Payer Reject Code 3rd-1	472-6E	X(3)	3	539	541
X-847	Other Payer Reject Code 3rd-2	472-6E	X(3)	3	542	544
X-850	Other Payer Reject Code 3rd-3	472-6E	X(3)	3	545	547
X-853	Other Payer Reject Code 3rd-4	472-6E	X(3)	3	548	550
X-856	Other Payer Reject Code 3rd-5	472-6E	X(3)	3	551	553
X-859	Compound Dosage Form Description Code	450-EF	X(15)	15	554	568
X-862	Compound Dispensing Unit Form Indicator	451-EG	9(1)	1	569	569
X-865	Compound Ingredient Component Count (max = 25)	447-EC	9(2)	2	570	571
X-868	Compound Product ID Qualifier - 1st	488-RE	X(2)	2	572	573
X-871	Compound Product ID - 1st	489-TE	X(19)	19	574	592
X-874	Compound Ingredient Quantity - 1st	448-ED	9(7)V999	10	593	602
X-877	Compound Ingredient Drug Cost - 1st	449-EE	S9(6)V99	8	603	610
X-880	Compound Ingredient Basis of Cost Determination - 1st	490-UE	X(2)	2	611	612
X-883	Compound Product ID Qualifier - 2nd	488-RE	X(2)	2	613	614
X-886	Compound Product ID - 2nd	489-TE	X(19)	19	615	633
X-889	Compound Ingredient Quantity - 2nd	448-ED	9(7)V999	10	634	643
X-892	Compound Ingredient Drug Cost - 2nd	449-EE	S9(6)V99	8	644	651
X-895	Compound Ingredient Basis of Cost Determination - 2nd	490-UE	X(2)	2	652	653
X-898	Compound Product ID Qualifier - 3rd	488-RE	X(2)	2	654	655
X-901	Compound Product ID - 3rd	489-TE	X(19)	19	656	674
X-904	Compound Ingredient Quantity - 3rd	448-ED	9(7)V999	10	675	684
X-907	Compound Ingredient Drug Cost - 3rd	449-EE	S9(6)V99	8	685	692
X-910	Compound Ingredient Basis of Cost Determination - 3rd	490-UE	X(2)	2	693	694
	filler		X(306)	306	695	1000

<--- start of Prescriber Segment fields

<--- start of Pricing Segment fields

<--- start of Coordination of Benefits/Other Payments Segment fields

<--- start of Compound Segment fields

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT Exhibit A		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. D030	2. TITLE OF DATA ITEM Non-Financially Underwritten Contractor Payment/Check Issue Data				3. SUBTITLE REV on 07/31/2018									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE G.11.3.3.; G.11.6.; G.11.7.; G.11.8.		6. REQUIRING OFFICE CRM									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES Draft Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Daily Reporting Period Start Date: Start of claims processing Due Date: Required with each cycle SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Data file (.dat) CONTENT DETAILS: The contractor shall provide a Contractor Payment/Check and EFT/ACH data files listing the payments issued for each cycle or each approved manual release. The occurrence of this data file is based on a daily TED cycle processed on a normal work day. Voided/Staledated payments must also be reported as negative amounts in this same format. Standard File Name: Dyymmdd_T000000_R#####_ESI_NU.dat Since this is a data feed it should be submitted through the B2B Gateway rather than the Extranet. Payment file layouts are attached with updates provided by the government as required. Attachment A: Check Issued Layout Attachment B: EFT/ACH Issued Layout						Submit through the B2B Gateway								
						15. TOTAL →						0	0	0
						G. PREPARED BY Laura White		H. DATE 07/31/2018		I. APPROVED BY Katheryn Lima		J. DATE 07/31/2018		

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

Attachment A:Contractor "Check Issued" File Layout

```

OPTIONS (rows=1)   ***CHECK Type Transactions***
LOAD DATA
INFILE '&1'
REPLACE
INTO TABLE TMA_PCR_CONTR_IMP_HEADERS
WHEN (1) = 'H'
FIELDS OPTIONALLY ENCLOSED BY '"' TRAILING NULLCOLS
(
    ASAP_ACCT_NUMBER      POSITION(02:09) CHAR "rtrim(:asap_acct_number)",
    TMA_AUTH_NUMBER       POSITION(10:17) CHAR NULLIF TMA_AUTH_NUMBER=BLANKS "rtrim(:tma_auth_number)",
    RECORD_COUNT          POSITION(18:23) INTEGER EXTERNAL,
    TOTAL_AMOUNT          POSITION(24:34) DECIMAL EXTERNAL ":total_amount/100"
)
INTO TABLE TMA_PCR_CONTR_IMP_DETAILS
WHEN (1) = 'D'
FIELDS OPTIONALLY ENCLOSED BY '"' TRAILING NULLCOLS
(
    ASAP_ACCT_NUMBER      POSITION(002:009) CHAR "rtrim(:asap_acct_number)",
    BANK_ACCT_NUMBER      POSITION(010:019) CHAR NULLIF BANK_ACCT_NUMBER=BLANKS "rtrim(:bank_acct_number)",
    CHECK_NUMBER_PFX      POSITION(020:020) CHAR "decode(:check_number_pfx, '
',NULL,'0',NULL,:check_number_pfx)",      (NOTE: Should contain a C for Checks)
    CHECK_NUMBER          POSITION(021:030) CHAR,
    CHECK_PAYMENT_DATE     POSITION(031:038) DATE "YYYYMMDD"
"DECODE(:check_payment_date,'00000000',NULL,'99999999',NULL,:check_payment_date)",
    PAYEE_NAME            POSITION(039:088) CHAR NULLIF PAYEE_NAME=BLANKS      "rtrim(:payee_name)",
    PROVIDER_TIN           POSITION(089:106) CHAR NULLIF PROVIDER_TIN=BLANKS   "rtrim(:provider_tin)",
    INTEREST_PAID          POSITION(107:117) DECIMAL EXTERNAL ":interest_paid/100",
    AMOUNT_PAID           POSITION(118:128) DECIMAL EXTERNAL ":amount_paid/100"
)

```

* On detailed record paid amount should be right justified, left zero filled.

Attachment B:Contractor "EFT/ACH" Payment Issued" File Layout

```

OPTIONS (rows=1)      *** EFT/ACH Type Transactions***
LOAD DATA
INFILE '&1'
REPLACE
INTO TABLE TMA_PCR_CONTR_IMP_HEADERS
WHEN (1) = 'H'
FIELDS OPTIONALLY ENCLOSED BY '"' TRAILING NULLCOLS
(
    ASAP_ACCT_NUMBER      POSITION(02:09) CHAR "rtrim(:asap_acct_number)",
    TMA_AUTH_NUMBER       POSITION(10:17) CHAR NULLIF TMA_AUTH_NUMBER=BLANKS "rtrim(:tma_auth_number)",
    RECORD_COUNT          POSITION(18:23) INTEGER EXTERNAL,
    TOTAL_AMOUNT          POSITION(24:34) DECIMAL EXTERNAL ":total_amount/100"
)
INTO TABLE TMA_PCR_CONTR_IMP_DETAILS
WHEN (1) = 'D'
FIELDS OPTIONALLY ENCLOSED BY '"' TRAILING NULLCOLS
(
    ASAP_ACCT_NUMBER      POSITION(002:009) CHAR "rtrim(:asap_acct_number)",
    BANK_ACCT_NUMBER      POSITION(010:019) CHAR NULLIF BANK_ACCT_NUMBER=BLANKS "rtrim(:bank_acct_number)",
    CHECK_EFT_NUMBER_PFX  POSITION(020:020) CHAR "decode(:check_number_pfx, '
', NULL, '0', NULL, :check_number_pfx)",      (NOTE: Should contain an E for EFT/ACH)
    EFT/ACH Unique Cust ID POSITION(021:030) CHAR,
    CHECK_PAYMENT_DATE    POSITION(031:038) DATE "YYYYMMDD"
"DECODE(:check_payment_date, '00000000', NULL, '99999999', NULL, :check_payment_date)",
    PAYEE_NAME            POSITION(039:088) CHAR NULLIF PAYEE_NAME=BLANKS      "rtrim(:payee_name)",
    PROVIDER TIN           POSITION(089:106) CHAR NULLIF PROVIDER_TIN=BLANKS   "rtrim(:provider_tin)",
    INTEREST_PAID          POSITION(107:117) DECIMAL EXTERNAL ":interest_paid/100",
    AMOUNT_PAID            POSITION(118:128) DECIMAL EXTERNAL ":amount_paid/100"
)

```

Contractor/Bank

Note₁: The Contractor sends an electronic industrial standard **NACHA (National Automated Clearing House Association)** EFT/ACH payment file to their banks containing a Unique Customer identifier number. This unique customer ID must be passed in the **NACHA** file in Record Type 6, Field 7, Position 40-54. The contractor shall require the bank to include this unique customer identifier number in the Industry Standard **BAI** (Bank Administration Institute) format, Record Type 16 Field 8.

Note₂: This Unique EFT/ACH Customer ID number is equivalent to a Check Number for a **regular** Check payment.

* On detailed record paid amount should be right justified, left zero filled.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.											
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT Exhibit A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Data Report</u>							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. W010	2. TITLE OF DATA ITEM MTF Data Integrity Report				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.11.3.5		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Weekly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 12: The second Monday following the start of pharmacy services Block 13: Weekly on Monday The contractor shall provide reports of the paid claims that generated a DUR for a high dose or invalid provider alert. The reports shall be broken out by MTF and sent to the contact at each MTF designated by the government. A master file shall also be provided to the TMA-POC via upload to the secure FTP server provided by the government. The reports shall will have two subsets of claims. For claims generating a high dose alert, due to incorrect quantity or incorrect days supply, the report shall include the following fields: Branch of Service TRICARE Region Service Command MTF Host Site Site MTF Pharmacy Name Date Dispensed Date Written NCPDP # Rx# Drug/Strength/Form NDC Drug Code Metric Quantity Day Supply Day Supply or Metric Quantity				Draft		Final					
				Reg		Repro					
				15. TOTAL				0		0	
				G. PREPARED BY Hector Morales		H. DATE 8/19/2013		I. APPROVED BY William Blanche		J. DATE 8/19/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

Continued on Page 2

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT Exhibit A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Data Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

For claims generating an invalid provider alert, the report shall include the following fields:

- * Submitted Provider ID
- * NCPDP/NPI
- * Rx #
- * Date Dispensed
- * Chain Code
- * DEA Class
- * Site MTF
- * Patient Last Name

The report shall be provided in Microsoft Excel format.

The following requirements under F.2.1 apply: D

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.											
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Data Report							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. W020	2. TITLE OF DATA ITEM MTF High Cost Claim Report				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.11.3.4		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Weekly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 12: The second Monday following the start of pharmacy services Block 13: Weekly on Monday The contractor shall provide a report of the claims that came from the MTFs exceeding a cost threshold established by the government, currently \$2,000. The reports shall be broken out by MTF and sent to the contact at each MTF designated by the government. A copy shall also be provided to the TMA-POC via upload to the secure FTP server provided by the government. Raw Data fields include: Branch of Service TRICARE Region Service Command TRICARE Region Site MTF Pharmacy Name Pharmacy ID (Pharmacy NPI) PDS Rx # Drug/Strength/Form NDC Drug Code Date Written Date Dispensed Quantity Dispensed Corrected Metric Quantity Day Supply Total Submitted Amount Due Corrected Total Submitted Amount Due Report will be submitted in Microsoft Excel format. The following requirements under F.2.1 apply: A and D				Draft		Final					
				15. TOTAL →				0	0	0	
				G. PREPARED BY Hector Morales		H. DATE 1/15/2013		I. APPROVED BY William Blanche		J. DATE 2/5/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Data Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. W030	2. TITLE OF DATA ITEM MHS Genesis Claims Detail File				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE C.6.9.6.		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft	Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Weekly (Sun-Sat) Reporting Period Start Date: 23 September 2017 Due Date: 6 calendar days after end of reporting period for reporting period ending the prior Saturday SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: Excel or Text Delimited Data File CONTENT DETAILS: All MHS Genesis claims, including paid, paid w/advisory warning, reversals and rejects; reporting period defined by adjudication date. Data fields: • Pharmacy Rx Number – full, including leading zeros • Pharmacy NPI – full, including leading zeros • Claim Rec'd Time – matches what is in eSD • Adjudication Date/Claim Rec'd Date • Date of Service • Fill Count • Reversal Indicator • Claim Reversed Code • NDC – full, including leading zeros • Brand Name • Generic Name • Fill Days Supply • Fill Quantity • Submitted Ingredient Cost • Rx Origin Code • Claim Accepted Indicator • Message Type Code • Message Seq • Response Code • Message Text • DUR Conflict Code						Submit through the								
						DHA PASS FTP								
						server								
						Notification to								
						CORs and specified								
						SMEs								
						15. TOTAL						0	0	0
						G. PREPARED BY Natalie Jones			H. DATE 08/16/2017		I. APPROVED BY Bill Blanche		J. DATE 08/16/2017	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>											
A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. M010	2. TITLE OF DATA ITEM Network Pharmacy Report			3. SUBTITLE							
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.5.1		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ NO	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION 10th day of the month		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 12: 60 days prior to the start of pharmacy services. A Network Pharmacy Report shall be submitted monthly in Microsoft Excel format for performance assessment of the size of the retail network . Report shall identify all pharmacies in the retail network by the following information: - Name - NPI - NCPDP Number - Address (including city, state & zip code) - Phone Number - Fax Number - Specialty Pharmacy Identifier - DVA/PHS/IHS Pharmacy Identifier Report shall identify all pharmacies added and dropped from the network since the prior reporting period, providing the same data elements as above. Report shall identify total number of pharmacies in the network and number added and dropped during reporting period. The following requirements under F.2.1 Apply: A, D				TMA E-commerce							
				Extranet							
				15. TOTAL				0		0	0
				G. PREPARED BY Beth Spearman		H. DATE 1/23/2013		I. APPROVED BY William Blanche		J. DATE 1/23/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188						
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.												
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>								
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.							
1. DATA ITEM NO. M020	2. TITLE OF DATA ITEM Network Access Report				3. SUBTITLE REV 07/16/2018							
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.5.1.		6. REQUIRING OFFICE Pharmacy Ops							
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A	B	11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
						Draft	Final					
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Start of service delivery Due Date: 25 calendar days after end of reporting period (No later than 5 calendar days after receipt of zip code file) SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: Report shall be generated using Ingenix "GeoNetworks" software and include: - The total number of beneficiaries in urban areas and the number that live within 2 miles estimated driving distance of a retail network pharmacy. - The total number of beneficiaries in suburban areas and the number that live within 5 miles estimated driving distance of a retail network pharmacy. - The total number of beneficiaries in rural areas and the number that live within 15 miles estimated driving distance of a retail network pharmacy. -In lieu of beneficiary access data determined by GeoNetworks, the Government will accept a report for Northern Mariana Islands, American Samoa, and Guam which lists the pharmacies in those locations. The following requirements under F.2.1 Apply: A, D, E					Submit through the							
					DHA e-Commerce							
					Extranet.							
					(Per TOM Ch 14 Sec 2)							
					15. TOTAL					0	0	0
					G. PREPARED BY Beth Spearman			H. DATE 7/16/18		I. APPROVED BY William Blanche		J. DATE 7/16/18

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188		
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>								
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>				
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.			
1. DATA ITEM NO. M030	2. TITLE OF DATA ITEM Pharmacy Claims Processing System Availability Report				3. SUBTITLE REV on 05/26/2016			
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.1.3.		6. REQUIRING OFFICE Pharmacy Ops			
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION		
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES	
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Start of service delivery Due Date: 10 calendar days after end of reporting period SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: Report shall be submitted monthly in Microsoft Excel format to assess claims processing performance. Report shall include the following data from the previous month's performance: Summary tab (includes all claims processing): - Average processing time, measured in seconds - Number of total transactions - Number transactions rejected - Peak Statistics (Hourly & Daily, with highest to date, Average Peak Volume, Peak Time/Day of Month) - Average Hourly volume - Total Operating Time (minutes) - Scheduled contractor maintenance time (minutes) - Scheduled external maintenance time (minutes) - % scheduled downtime (of Total Operating Time) - Available Operating Time (minutes) - Unscheduled external downtime (minutes) - TPharm Operating Time (minutes) - Unscheduled contractor downtime (minutes) - Net Operating Time (minutes) - Contractor unscheduled downtime - Total unscheduled downtime (Contractor unscheduled + external unscheduled) - System availability (Net Operating Time as a percentage of TPharm Operating Time) <div style="text-align: center;">Continued on Page 2</div>				Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)				
				15. TOTAL				→
G. PREPARED BY Natalie Jones			H. DATE 5/26/2016		I. APPROVED BY William Blanche		J. DATE 5/26/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

MTF system availability tab (subset of summary):

- Average processing time, measured in seconds
- Number of total transactions
- Number transactions rejected
- Peak Statistics (Hourly & Daily, with highest to date, average Peak Volume, Peak Time/Day of Month)
- Average Hourly volume
- Total Operating Time (minutes)
- Scheduled contractor maintenance time (minutes)
- Scheduled external maintenance time (minutes)
- % scheduled downtime (of Total Operating Time)
- Available Operating Time (minutes)
- Unscheduled external downtime (minutes)
- TPharm Operating Time (minutes)
- Unscheduled contractor downtime (minutes)
- Net Operating Time (minutes)
- Contractor unscheduled downtime
- Total unscheduled downtime (Contractor unscheduled + external unscheduled)
- System availability (Net Operating Time as a percentage of TPharm Operating Time)

In addition to the current reporting period, the report shall include the above data for all prior months within the current option period.

Template is attached with updates provided by the government as required.

The following requirements under F.2.1. apply: A, D, E

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

Transaction Processing	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Cont YTD
Average processing time, measured in seconds													
Total Number of transactions													
Number of transactions rejected													
Peak Statistics													
Highest to Date volume (since 5/1/2015)													
Highest to Date date (since 5/1/2015)													
Average Peak / Hourly volume													
Peak Time/Day of Month volume													
Peak Time/Day of Month date													
Net Operating Time (per Section J-1)													
Total Operating Time (minutes)													
Available Operating Time (Total Operating Time - Scheduled Downtime)													
TPharm Operating Time (Available Operating Time - Unscheduled External Downtime)													
Net Operating Time (TPharm Operating Time - Unscheduled Internal Downtime)													
System Availability (Net Operating Time / TPharm Operating Time x 100)													
Net Operating Time shall be greater than or equal to 99.5% of the TPharm Operating Time													
Scheduled Downtime													
Total Scheduled Maintenance Downtime													
Scheduled external maintenance time (minutes) - External													
Scheduled contractor maintenance time (minutes) (Total scheduled - external)													
% scheduled downtime (of Total Operating Time)													
Unscheduled Downtime													
Total unscheduled downtime													
Unscheduled external downtime - External (minutes)													
Unscheduled contractor downtime (minutes) (Total unscheduled - external)													
% unscheduled downtime (of Total Operating Time)													
Please note, we report to the hundredth, as required in the contract. However, anything 99.95% and higher rounds to 100% for the purpose of calculating Performance Standards and penalties.													

Transaction Processing	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Cont YTD
Average processing time, measured in seconds													
Total Number of transactions													
Number of transactions rejected													
Peak Statistics													
Highest to Date volume (since 5/1/2015)													
Highest to Date date (since 5/1/2015)													
Average Peak / Hourly volume													
Peak Time/Day of Month volume													
Peak Time/Day of Month date													
Net Operating Time (per Section J-1)													
Total Operating Time (minutes)													
Available Operating Time (Total Operating Time – Scheduled Downtime)													
TPHarm Operating Time (Available Operating Time – Unscheduled External Downtime)													
Net Operating Time (TPHarm Operating Time – Unscheduled Internal Downtime)													
System Availability (Net Operating Time / TPHarm Operating Time x 100)													
Net Operating Time shall be greater than or equal to 99.5% of the TPHarm Operating Time; Metric based on summary, MTF breakout provided for visibility only													
Scheduled Downtime													
Total Scheduled Maintenance Downtime													
Scheduled external maintenance time (minutes)													
Scheduled contractor maintenance time (minutes) (Total scheduled - external)													
% scheduled downtime (of Total Operating Time)													
Unscheduled Downtime													
Total unscheduled downtime													
Unscheduled external downtime (minutes)													
Unscheduled contractor downtime (minutes) (Total unscheduled - external)													
% unscheduled downtime (of Total Operating Time)													
Please note, we report to the hundredth, as required in the contract. However, anything 99.95% and higher rounds to 100% for the purpose of calculating Performance Standards and penalties.													

Transaction Processing

Average processing time, measured in seconds	The average elapsed time is the time between when the claim is received by the claims router from the switch companies and when it is received back by the router after adjudication has taken place, as measured in seconds.
Number of claims paid	The number of Pharmacy Claims Paid during the reporting month for Retail, MTF, and Mail Order claims. Claims such as CHDR and TMDS are not included.
Number claims rejected	The number of Pharmacy Claims Rejected during the reporting month for Retail, MTF, and Mail Order claims. Claims such as CHDR and TMDS are not included.
Total Number claims processed	The Number of Claims Paid, added to the Number of Claims Rejected for Retail, MTF, and Mail Order claims. Claims such as CHDR and TMDS are not included.

Peak Statistics

Highest to Date	The hourly interval with the highest claims processed since the start of the T4 contract of May 1st, 2015.
Average Peak / Hourly volume	Average of the volume of claims processed for every hour, of every day in the reporting month.
Peak Time/Day of Month	This will be reported as the hour and day of the month, that had the highest volume of claims processed.

Net Operating Time (per Section J-1)

Total Operating Time (minutes)	The calculation of the number of days in the reporting month, multiplied by 24 hrs/day, and multiplied by 60 min/hr.
Available Operating Time (Total Operating Time – Scheduled Downtime)	The Total Operating Time, subtracted from Scheduled Downtime.
TPharm Operating Time (Available Operating Time – Unscheduled External Downtime)	The Available Operating Time, subtracted from the Unscheduled External Downtime.
Net Operating Time, per Section J-1 (TPharm Operating Time – Unscheduled Internal Downtime)	The TPharm Operating Time, subtracted from the Unscheduled Internal Downtime.
System Availability (Net Operating Time, per Section J-1 / TPharm Operating Time x 100)	The Net Operating Time (per Section J-1), divided by the TPharm Operating Time, multiplied by 100.

Scheduled Downtime

Total Scheduled Maintenance Downtime	Total system non-availability due to scheduled outage.
Scheduled external maintenance time (minutes)	The amount of time in minutes, of Scheduled External maintenance. External being outside ESI (including DEERS, DISA, Cerner). Overlapping outages are only accounted for once. MTF report should show only relevant downtime (ie, excluding DISA as a commercial switch is used)
Scheduled contractor maintenance time (minutes) (Total scheduled downtime - external downtime)	The amount of time in minutes, of Scheduled Contractor maintenance. Contractor being ESI. Represents the remainder of the total scheduled maintenance downtime after subtracting external downtime.
% scheduled downtime (of Total Operating Time)	The division of the Total Scheduled Maintenance Downtime, divided by the Total Operating Time.

Unscheduled Downtime

Total unscheduled downtime	Total system non-availability due to unscheduled outage.
Unscheduled external downtime (minutes)	The amount of time in minutes of unscheduled external downtime, due to a cause outside ESI (including DEERS, DISA, Cerner). Overlapping outages are only accounted for once. MTF report should show only relevant downtime.
Unscheduled contractor downtime (minutes) (Total unscheduled downtime - External downtime)	The amount of time in minutes of unscheduled ESI downtime. Represents the remainder of the total scheduled maintenance downtime after subtracting external downtime.

% unscheduled downtime (of Total Operating Time)	The division of the Total Unscheduled Downtime, divided by the Total Operating Time.
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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>														
A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M040	2. TITLE OF DATA ITEM HIPAA Privacy Complaint Report				3. SUBTITLE REV on 10/02/2014									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 19, Sec. 3		6. REQUIRING OFFICE Privacy Office									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
<p>16. REMARKS</p> <p>FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: 10 calendar days after end of reporting period. SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION</p> <p>PHI/PII: Yes FILE FORMAT: Microsoft Excel</p> <p>CONTENT DETAILS: For each complaint received, provide: --Beneficiary's initials; --Nature of the complaint; --Steps taken by the contractor to resolve the complaint; --Date of the initial complaint; --Date of expected resolution; --Date complaint resolved.</p> <p>If no complaints for the month, provide a report stating that there were no complaints.</p> <p>Sample is attached.</p>						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Lincoln Weed			H. DATE 10/02/2014		I. APPROVED BY Linda Thomas		J. DATE 10/02/2014	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

HIPAA Privacy Complaint Report (Sample)

[illegible]

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188							
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.													
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>									
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR								
1. DATA ITEM NO. M050	2. TITLE OF DATA ITEM Supervisory Review Report				3. SUBTITLE								
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE TOM Ch1 S4/C.11.1.1		6. REQUIRING OFFICE TMA/Pharm Ops								
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
16. REMARKS Block 12: 15th day of the 4th month after the start of pharmacy services. See requirements in TRICARE Operations Manual, chapter 1, Section 4, Paragraph 4.2 Block 13: 15th day of the month The report will document that the contractor has a quality control program in place that meets the requirements established under Chapter 1, Section 4, Paragraph 4.2 of the TRICARE Operations Manual. Report shall provide the results of the review in tabular form and give a qualitative description of the findings. The report shall also identify any trends from previous submissions, provide the contractor's overall assessment of the results and describe quality improvement steps taken in each of the categories reviewed. For telephonic responses, the report shall also consider the call drivers as reported in M090, Call Center Top Issues Report and include any steps taken to better address issues driving call volume. The following requirements under F.2.1 apply: A, B, D, E						TMA E-Commerce							
						Extranet							
						15. TOTAL						0	0
						G. PREPARED BY Beth Spearman		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188						
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>												
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>								
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR							
1. DATA ITEM NO. M060	2. TITLE OF DATA ITEM Deployment Prescription Program Report				3. SUBTITLE							
4. AUTHORITY (Data Acquisition Document No.) N/A		5. CONTRACT REFERENCE C.7.10.1			6. REQUIRING OFFICE TMA/Pharm Ops							
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY Monthly	12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A	B	11. AS OF DATE O	13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
					Draft	Final						
16. REMARKS Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month Report shall be submitted monthly in Microsoft Excel format to assess prescription processing performance for deployed service members. The report shall provide the following information for the previous calendar month: - Deployed Prescriptions Received o Prescription Orders Pended o Prescriptions Shipped o Prescriptions Returned o Prescriptions Pending Clarification - Total Pended Prescriptions o Prescriptions with Available Refills o Prescriptions Released from Pending & Shipped o Prescriptions Expired Since Prior Month - Status Notifications – Categorized by phone and email o Processing Delay o Prescription Order Processed o Refill Available for Pended Prescription o Prescription Dispensed o Email Notifications with invalid email address o Telephonic notifications with invalid phone number In addition to the current reporting period, the report shall include the above data for all prior months within the current option period. The following requirements under F.2.1 apply: A, C, D, E					TMA E-Commerce							
					Extranet							
					15. TOTAL					0	0	0
					G. PREPARED BY Hector Morales		H. DATE 1/23/2013		I. APPROVED BY William Blanche		J. DATE 1/23/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Educational Submission										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. M070	2. TITLE OF DATA ITEM Educational Update				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.10.3.1		6. REQUIRING OFFICE TMA/Pharm Ops									
7. DD 250 REQ NO	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
16. REMARKS Contractor shall submit on a monthly basis an accurate, original and publication quality education article or other educational item on a topic of interest to the beneficiaries and in accordance with the contractor's Beneficiary Education Plan. Draft article is to be submitted allowing no less than 14 days for the government to provide comments. Final submission received by the 30th day of each month shall reflect government comments. All submissions shall be in Microsoft Word format. The first monthly update shall be delivered the 30th calendar day following the initial mailing of educational information to beneficiaries. The following requirements under F.2.1 apply: A, D						Draft to COR or other designated authority								
						Final submission through TMA								
						E-commerce								
						Extranet								
						15. TOTAL						0	0	0
						G. PREPARED BY Vendela Jordan			H. DATE 2/22/2013		I. APPROVED BY William Blanche		J. DATE 2/22/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER Educational Submission
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>											
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. M080	2. TITLE OF DATA ITEM Priority Correspondence Report				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.10.1.9		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month Priority Correspondence shall be determined according to the requirements in TOM, Chapter 11, Section 6. Report shall be submitted in Microsoft Excel format and provide a log of all priority correspondence received, including: - Beneficiary Name - Beneficiary ID - Date received - Issue Description - Issue Resolution - Date Closed Correspondence shall be identified as closed or pending. Pending cases shall be reported each month until reported closed. The report shall summarize: - Total Cases Pending o From current month o From prior months - Total Cases Closed o From current month o From prior months In addition to the current reporting period, the report shall include the above data for all prior months within the current option period. The following requirements under F.2.1 apply: A, B, D				TMA E-Commerce							
				Extranet							
				15. TOTAL				0	0	0	
				G. PREPARED BY Vendela Jordan		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. M090	2. TITLE OF DATA ITEM Call Center Top Issues Report				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.10.1.10		6. REQUIRING OFFICE TMA/Pharm Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES			
16. REMARKS Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month Report shall show top 20 issues raised by beneficiaries contacting the beneficiary call center, in a format that shows call trends over the previous 12 months. The following requirements under F.2.1 apply: A, D				TMA E-Commerce						
				Extranet						
				15. TOTAL →				0	0	0
				G. PREPARED BY Vendela Jordan		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>										
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT Attachment 1		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. M100	2. TITLE OF DATA ITEM TPharm Metric Summary Report				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE Multiple		6. REQUIRING OFFICE TMA/Pharm Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES			
16. REMARKS Block 12: 20th calendar day of the month following the start of pharmacy services Block 13: 20th calendar day of the month Report including all contract metrics and data supporting calculations shall be provided using a template in Microsoft Excel format, to be provided by the government. Contractor shall use most recent template provided prior to the start of Option Period 1 and will adopt future versions as provided by the government. The following requirements under F.2.1 apply: A, D				TMA E-Commerce						
				Extranet						
				15. TOTAL				0	0	0
				G. PREPARED BY Beth Spearman		H. DATE 5/30/2013		I. APPROVED BY William Blanche		J. DATE 5/30/2013

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188	
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>			
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR Express Scripts, Inc.		
1. DATA ITEM NO. M110	2. TITLE OF DATA ITEM MTF to MOP Transfer Report				3. SUBTITLE REV on 3/9/18		
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.8.		6. REQUIRING OFFICE TMA/Pharm Ops		
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16			
8. APP CODE N/A	B	11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16			
14. DISTRIBUTION							
16. REMARKS Block 12: 15th calendar day of the month following the implementation of contract modification Block 13: 15th calendar day of the month following the end of the previous month The contractor shall provide a monthly summary of MTF to TMOP transfers. The data shall be provided in a PDF slide deck, with fields which at a minimum will reflect: General summary containing the following data elements: Section 1 MTF Scorecard - High level status of the following areas: - Claims Processing: # of MTF paid claims processed, # of rejected claims, # corrected by MTFs, and # corrected by ESI - MTF to MOP transfers: high level updates - Deployment Rx Program: # of Rxs Received, # of Rx Shipped - MTF Help Desk: quality percentage and any updates if applicable - Agenda/Trip Report Submission: # of agendas submitted > 5 days, # of trip reports submitted < 10 days - graphs of MTF Paid Claims Processing, MTF Rejected Claims, Corrected Claims ESI & MTF, and DPP Rxs Section 2 MTF Site Visit, Agenda and Trip Report Tracker (specifically non-local Account Executive activity) - Site Visit/Event Date - Location - date agenda was submitted - date trip report was submitted Section 3 MTF to MOP transfers - Monthly Host MTF to MOP total transfer volume by site and totals for year to date - Fax Transfers site and totals for year to date - Total volume of host MTF and fax transfers and totals for year to date Section 4 MTF to MOP Rejects - Monthly Host MTF to MOP total reject volume by site and totals for year to date (by # and by %) - top reject reasons (by # and by %)				a. ADDRESSEE		b. COPIES	
				TMA E-Commerce Extranet		Draft Final Reg Repro	
15. TOTAL →				0		0	
				0		0	
G. PREPARED BY Beth Spearman		H. DATE 3/9/18		I. APPROVED BY William Blanche		J. DATE 3/9/18	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO.	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

Section 5 MTF to MOP Returns

- Monthly Host MTF to MOP total return volume by site and totals for year to date (by # and by %)
- top return reasons (by # and by %)

Section 6 MTF Host Analysis

- key issues, risks, and comments broken down by site

Section 7 Account Executive Activity

- date, location, purpose of visit, and notes of interaction with MTF or eMSM (broken down by MTF hospital/clinic) (local AE activity)

Section 8 Participating CHCS Hosts

- Capability of each host (AudioCARE, Auto Transfer, and/or Virtual Rx)
- Service Improvements

Section 9

- Previous year's total volume of MTF to MOP transfers

Section 10 Help Needed

- BLUF, Background, and Recommendations for each area broken down by systems or outside contractors

The following requirements under F.2.1. apply: A, B, C, D

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST <i>(1 Data Item)</i>						<i>Form Approved</i> OMB No. 0704-0188				
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A. CONTRACT LINE ITEM NO. <div style="text-align: center;">X015</div>			B. EXHIBIT <div style="text-align: center;">N/A</div>		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>					
D. SYSTEM/ITEM <div style="text-align: center;">TRICARE Pharmacy Program</div>			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. <div style="text-align: center;">M120</div>	2. TITLE OF DATA ITEM <div style="text-align: center;">Pharmacy Claims Audit Report</div>				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) <div style="text-align: center;">N/A</div>			5. CONTRACT REFERENCE <div style="text-align: center;">C.11.5.1.2</div>			6. REQUIRING OFFICE <div style="text-align: center;">TMA/Pharm Ops</div>				
7. DD 250 REQ <div style="text-align: center;">N/A</div>	9. DIST STATEMENT REQUIRED <div style="text-align: center;">B</div>		10. FREQUENCY <div style="text-align: center;">Monthly</div>		12. DATE OF FIRST SUBMISSION <div style="text-align: center;">See Block 16</div>		14. DISTRIBUTION			
8. APP CODE <div style="text-align: center;">N/A</div>							a. ADDRESSEE			
11. AS OF DATE <div style="text-align: center;">O</div>							13. DATE OF SUBSEQUENT SUBMISSION <div style="text-align: center;">See Block 16</div>		b. COPIES	
16. REMARKS Block 12: 15th calendar day of the month following the start of pharmacy services Block 13: 15th calendar day of the month following the end of the previous month. The contractor shall provide a monthly summary of the Pharmacy Claims Audit Activity. The report shall be submitted to TMA-POC via upload to the secure FTP server provided by the government, with notification to the COR. The data shall be provided in an Excel file with the labels requested below. Data fields include: 1) Audit Date 2) Pharmacy NPI 3) Prescription Number 4) Date Filled 5) Drug Name 6) Quantity Dispensed 7) Days Supplied 8) Audit Type 9) Audit Status 10) Audit Findings 11) Recovery Amount 12) Date Closed The following requirements under F.2.1 apply: A, B, C, D						15. TOTAL →		0	0	0
						G. PREPARED BY Beth Spearman			H. DATE <div style="text-align: center;">2/1/2013</div>	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT See Attach. A&B		C. CATEGORY: TDP _____ TM _____ OTHER Financial Statement										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M130	2. TITLE OF DATA ITEM Non-Financially Underwritten Bank Account Reconciliation Report				3. SUBTITLE REV on 03/21/2018									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE G.5.2.4.		6. REQUIRING OFFICE CRM									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Upon award of contract modification or date specified in the modification Due Date: 30 calendar days after end of reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: Bank Reconciliation reports are to facilitate verifying authorized benefit payments done by the contractor with Contract Resource Management (CRM) accounting and with cash transactions done through banks and Treasury systems. The contractor shall provide the Defense Health Agency (DHA), CRM with a balanced Bank Account Reconciliation Report for each bank account. These reports shall contain all transactions affecting the bank accounts. Template and instructions are attached with updates provided by the government as required.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Laura E. White			H. DATE 03/21/2018		I. APPROVED BY Katheryn Lima		J. DATE 03/21/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACTOR NAME
SUB-CONTRACTOR NAME (if applicable)

TPHARM BANK ACCOUNT RECONCILIATION
FISCAL YEAR
ASAP ID NUMBER

FOR THE MONTH OF _____

Type of Account (i.e. MERHCF or DHP or other identifier)	PREVIOUS MONTH'S YEAR TO DATE TOTAL	THIS MONTH'S TRANSACTIONS	REPORTING MONTH'S YEAR TO DATE TOTAL
I. TRANSACTIONS DONE THRU THE FEDERAL RESERVE - RICHMOND (Year to Date)			
<u>Net Total of Drawdowns against Federal Reserve Bank:</u>	TOTAL SECTION I		
II. TRANSACTIONS RELATED TO CASH IN BANK ACCOUNT			
A. Routine Bank Account Transactions: 1. TED Vouchers (Total of all TEDs submitted to DHA): 2. Credits not submitted on TEDS: a. Receipts under \$30 (must include list of each transaction): (Reference: TOM Chapter 10, Section 4, Paragraph 13.0) b. Collections, Voids and Stale dates under \$10 (must include listing of transactions): (Reference Section G of Contract) c. Court Ordered Restitution (shall include listing of each transaction) (optional): (Reference Section G of Contract) 3. DHA Approved Manual Transactions for other than TEDS: a. Payments not recorded as a TED: (Reference Section G of Contract) b. Receipts over \$30 not recorded as a TED: (Reference Section G of Contract) 4. Final Check(s) to DHA (include payments from bank directly to DHA) B. Other Transactions: 1. (List types of transactions) (e.g. installment payments, bank errors, transactions in transit, etc.)			
TOTAL SECTION II			
III. END OF MONTH OUTSTANDING CHECK TOTAL:			
<u>Month End Outstanding Check Total</u> (YTD and Current Month will be same amount)	TOTAL SECTION III		
IV. ENDING BALANCE IN BANK ACCOUNT			
<u>Month End Balance in Bank Account</u> (YTD and Current Month will be same amount)	TOTAL SECTION IV = Section I - (+Section II - Section III)		
V. NOTES			
Other Financial Transactions 1. Total of Good-Faith Payments to Self (Underwritten Good Faith payments transferred to non-underwritten in accordance with TOM Chapter 10, Section 3, Paragraph 6) 2. Total of payments to Self (not related Good-Faith payments) 3. Other	TOTAL SECTION V		

TPHARM BANK ACCOUNT RECONCILIATION INSTRUCTIONS

GENERAL: This report shall follow and detail the cash flow through the bank accounts and justify the use of the money drawn by the contractor's bank, in the contractor's name, from the Federal Reserve (as well as any other deposits made to the non-financially underwritten bank accounts). This report should also identify any corrective action needed. This report will be balanced against DHA's records for transactions that have been approved by DHA. Any unreasonable, unjustified or unapproved transactions will be collected back from the contractor with applicable interest and penalty. Any transactions not specified in the format, shall be identified under "Other Transactions" as shown on the format and sufficiently explained. Questions concerning placement of items in the format shall be directed to DHA, CRM, Finance and Accounting. The report shall include the listings and explanations required below and should balance to the report from the contractor's bank showing the beginning and ending balances for the month and the total debits, credits and adjustments for the entire month.

HEADING TO REPORT:

ACTIVITY FOR THE MONTH OF: All transactions shall be as of the end of the month being reported.

CONTRACTOR NAME: Name of the Prime Contractor

SUBCONTRACTOR NAME: Name of the Subcontractor

FISCAL YEAR: The Federal fiscal year for the transactions in the account. New accounts are started each October 1st for the new fiscal year.

ASAP ID NUMBER: The ASAP number used for transactions between the bank and the Federal Reserve Bank (provided by DHA, CRM for each bank account.)

TYPE OF ACCOUNT: A descriptive title of the account. The contract requires, at a minimum, an account for Defense Health Program (DHP) funding claims and an account for Medicare Eligible Retiree Health Care Fund (MERHCF) claims. Other accounts may be requested as needed.

REPORT FORMAT:

COLUMNS:

PREVIOUS MONTH'S YEAR TO DATE TOTAL: Shall equal the last column on the previous month's report.

THIS MONTH'S TRANSACTIONS: Shall be totals of the reporting month's transactions, categorized as shown on the report format. Outstanding Payments and Ending Balance are YTD figures so will be the same as YTD Total column.

REPORTING MONTH'S YEAR TO DATE TOTAL: The totals of the previous month's year to date totals plus the reporting month's totals.

TYPES OF TRANSACTIONS:

I. TRANSACTIONS DONE THRU THE FEDERAL RESERVE BANK - RICHMOND:

Net Total of Drawdowns against the Federal Reserve Bank: This is a total of all transactions done between the bank and the Federal Reserve-Richmond (the FED). These transactions will primarily be draws on the FED, which become deposits to the contractor's bank account. There may be some instances of the bank repaying the Fed for an overdrawn amount. These amounts should be netted against the amounts drawn for the total shown in this section.

II. TRANSACTIONS DONE IN CONTRACTOR'S BANK ACCOUNT:

A. Routine Bank Account Transactions (payments and other transactions authorized in the TRICARE Operations, Policy, or Reimbursement Manuals or Section G of the contract).

1. TED Vouchers - TEDs provide the detailed information that supports the issuance of the payments on these bank accounts. These vouchers also include credits such as staledated and voided payments that have been processed through the claims processing systems creating credit TEDs. (Note: Credits must relate to the account they are being processed against, i.e., they are staledated or voided checks cut on that account or a refund that was deposited into that account.) For this report, only a total of the TEDs vouchers is needed. This total does not need to be broken down by programs or other subtotals.

2. Credits not submitted on TEDs:

- a. Receipts under \$30 - Total of receipts/collections under \$30 that were received during the reporting month and not reported on a TED (Reference TOM Chapter 10, Section 4, paragraph 13). Reported amount must be supported by a listing of the reporting month's individual transactions. Do not include on this line if these were reported as TEDs.
- b. Collections, Voids and Staledates under \$10 - Total of collections and voided and staledated checks/payments under \$10 including \$.99 payment transactions that were not released. Reported amount must be supported by a listing of the reporting month's individual transactions. Do not include transactions on this line that were reported as TEDs.
- c. Court Ordered Restitution - Court Ordered restitution collections shall be listed in this field regardless of amount. Reported amount must be supported by a listing of the reporting month's transactions. Do not include on this line if these were reported as TEDs.

3. DHA Approved Manual Transactions - Include transactions that have been submitted and approved by DHA, CRM for payment or collection. These are transactions that cannot be handled by TEDs or under one of the categories listed in #2 above. These should be rare.

- a. Payments not recorded as a TED: They must be approved by DHA, CRM prior to any payments being made. Payments will be thoroughly described and supported with adequate documentation and explanations as to why these transactions are not being done as a TED Voucher (#1 above).
- b. Receipts over \$30 not recorded as a TED: Credits may be listed without approval but must be listed individually and with explanations as to why they were not processed as a TED Voucher (#1 above).

4. Final Payment(s) to DHA - include payments made to DHA at the end of the bank accounts including payments made by the contractor and the bank.

B. Other Transactions:

This category is for transactions that may occur from time to time in a bank account such as bank errors that have not yet been corrected. These items must be cleared by the time the account is closed or be approved by DHA (#3 above). Identify type of transaction and amount affecting the bank balance. This also includes installment loan collections being held in the account during the year and which are transferred to the next year's account at the end of the year or reported as a TED is fully collected.

III. End of the Month Outstanding Checks Total: This is the amount of checks that have not cleared the bank by the cut off for reconciliation, normally the end of the month. This field should be cleared by the final bank reconciliation on the bank account either through the checks/payments clearing the account or being voided.

IV. ENDING BALANCE: This is the ending balance on the bank statement for the end of the last day of the period being reported, which is normally the end of the month. This should equal Section I - (+Section II - Section III).

V. NOTES: This section is used to report total payments drawn from the non-underwritten account where the payee is 'Self';

1. Payments to 'Self' made in accordance with the TOM Chapter 10, Section 3, Paragraph 6.
2. All Payments to 'Self' not authorized by TOM Chapter 10, Section 3, Paragraph 6.
3. The contractor may use this section to report any non-underwritten bank account activity not covered by Sections I thru IV and do not affect the bank account totals.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT See Attach. A&B		C. CATEGORY: TDP _____ TM _____ OTHER Financial Statement										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M140	2. TITLE OF DATA ITEM Non-Financially Underwritten Accounts Receivable Report including Supplemental Reports				3. SUBTITLE REV on 09/08/2021									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE G.11.10.2		6. REQUIRING OFFICE CRM									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
						Draft	Final Reg Repro							
<p>16. REMARKS</p> <p>FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Upon award of contract modification or date specified in the modification Due Date: Third business day following the 25th of the month of claims processing</p> <p>SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION</p> <p>PHI/PII: Yes FILE FORMAT: Microsoft Excel</p> <p>CONTENT DETAILS: Accounts Receivable held by the contractor under the TRICARE Operations Manual, Chapter 10, Section 4 must be reported monthly to Contract Resource Management (CRM), DHA-Aurora.</p> <p>Separate sets of reports are required for Federal Government Receivables and for Public Receivables. Federal Government Receivables include the receivables from medical facilities operated by the Veterans Administration, Coast Guard, Public and Indian Health Service, or any other Federal Government agency. All others should be submitted on a separate set of reports as Public Receivables.</p> <p>The contractor shall cut off the data for the Accounts Receivable reports on the 25th of the month and submit all of the following Accounts Receivable reports by the third business day following the 25th of the month of claims processing. (e.g. for March 2013, data would be as of the 25th of March and reports would be due the 28th of March or for April 2013, data would also be as of the 25th (of April) would be due the 30th of April since there is a weekend in between).</p> <p>Attached are the format and instructions for each report with updates provided by the government as required:</p> <ul style="list-style-type: none"> - Accounts Receivable Summary Report - Accounts Receivable - Amounts Written Off Detail Report - Accounts Receivable - Debts Transferred to Defense Health Agency (DHA) Detail Report - Accounts Receivable - Ending Outstanding Receivables Detail Report - Accounts Receivable - Contractor Transition (if applicable) 						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Laura E. White			H. DATE 09/08/2021		I. APPROVED BY Katheryn A. Lima		J. DATE 09/08/2021	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

ACCOUNTS RECEIVABLE SUMMARY REPORT
MONTH & YEAR OF REPORT
ASAP ID# - (Public or Government)

A. SUMMARY OF ACCOUNTS RECEIVABLES

NUMBER OF ACCOUNTS

AMOUNT

1. Beginning Receivables		\$
2. New Receivables		
a. From current contractor		\$
b. From outgoing contractor		\$
3. Collections On Receivables		\$
4. Adjusted Amounts		\$
5. Amounts Written Off		\$
6. Transferred Amounts		
a. To DHA, OGC, Claims Collection Section (CCS)		\$
b. To incoming contractor		\$
7. Ending Receivables (Lines A.1 + A.2 - A.3 +/- A.4 - A.5 - A.6)		\$

B. OUTSTANDING RECEIVABLES

1. Principal Amount \geq \$600.00		\$
a. Not Delinquent		
b. Delinquent		
1) 1-30 Days		\$
2) 31-60 Days		\$
3) 61-90 Days		\$
4) 91-150 Days		\$
5) 151-180 Days		\$
6) 181-365 Days		\$
7) > 1 Year to 2 Years		\$
8) > 2 Years to 6 Years		\$
9) > 6 Years to 10 Years		\$
10) > 10 Years		\$
11) Total Delinquent Receivables \geq \$600.00 (Total of Lines B.1.b.1 thru B.1.b.10)		\$
c. Total Outstanding Receivables \geq \$600.00 (Total of Lines B.1.a + B.1.b.11)		\$

2. Principal Amount \leq \$599.99		\$
a. Not Delinquent		
b. Delinquent		
1) 1-30 Days		\$
2) 31-60 Days		\$
3) 61-90 Days		\$
4) 91-150 Days		\$
5) 151-180 Days		\$
6) 181-365 Days		\$
7) > 1 Year to 2 Years		\$
8) > 2 Years to 6 Years		\$
9) > 6 Years to 10 Years		\$
10) > 10 Years		\$
11) Total Delinquent Receivables \leq \$599.99 (Total of Lines B.2.b.1 thru B.2.b.10)		\$
c. Total Outstanding Receivables \leq \$599.99 (Total of Lines B.2.a + B.2.b.11)		\$

3. Total Receivables		\$
a. Not Delinquent (Lines B.1.a + B.2.a)		
b. Delinquent		
1) 1-30 Days (Lines B.1.b.1 + B.2.b.1)		\$
2) 31-60 Days (Lines B.1.b.2 + B.2.b.2)		\$
3) 61-90 Days (Lines B.1.b.3 + B.2.b.3)		\$
4) 91-150 Days (Lines B.1.b.4 + B.2.b.4)		\$
5) 151-180 Days (Lines B.1.b.5 + B.2.b.5)		\$
6) 181-365 Days (Lines B.1.b.6 + B.2.b.6)		\$
7) > 1 Year to 2 Years (Lines B.1.b.7 + B.2.b.7)		\$
8) > 2 Years to 6 Years (Lines B.1.b.8 + B.2.b.8)		\$
9) > 6 Years to 10 Years (Lines B.1.b.9 + B.2.b.9)		\$
10) > 10 Years (Lines B.1.b.10 + B.2.b.10)		\$
11) Total Delinquent Receivables (B.1.b.11 + B.2.b.11)		\$
c. Total Outstanding Receivables (Line B.1.c + B.2.c)		\$

INSTRUCTIONS FOR ACCOUNTS RECEIVABLE SUMMARY REPORT

HEADER:

Contractor Name: Name of the Prime Contractor.

Subcontractor Name: Name of the Subcontractor.

MONTH & YEAR OF REPORT: All transactions shall be as of the 25th of the month being reported.

ASAP ID #: The ASAP ID number assigned to the bank account used for payments/collections and other bank transactions.

- Public or Government: Reports should be separated by public debtors or federal government debtors. Federal government debtors are facilities controlled run by the federal government. Primarily, federally controlled debt will be from Veteran Administration hospitals/clinics and Indian Health Service hospitals/clinics. Military Treatment Facilities should not be billing DHA. The Public Health Service, apparently, no longer runs any hospitals or clinics. Any question about the status of a debtor should be addressed to CRM.

A. SUMMARY OF ACCOUNTS RECEIVABLE

1. Beginning receivables - Carried forward from line A.7. of the prior month report.
2. New receivables –
 - 2.a – From current contractor - Enter the number and amount of new receivables generated during the reporting period.
 - 2.b – From outgoing contractor – Enter the number and amount of new receivables generated from the outgoing contractor during contract transition.
3. Collections on receivables - Include in the Amount column, all installment payments and offset adjustments received. In the Number of Cases column, include only the final installment or offset.
4. Adjusted Amounts - Enter the number and amount of corrections made to previously reported receivables and refunds of amounts previously reported as corrections. The amount noted on this line must be explained in footnotes to this report.
5. Amounts written off - Cases which are 365 days delinquent with balances less than \$600, shall be written-off and reported on line A.5. However, the offset flag shall remain until the claims processing contract has elapsed or full payment is received. If a full collection through offset is effected, then the write-off shall be reversed (Line A.5) and the amount collected recorded (Line A.3.).

6. Transferred –

6a1 – To DHA, OGC, Claims Collection Section (CCS) - When a case with a balance of \$600 or more is transferred to DHA (in accordance with the TOM, Chapter 10, Section 4), the balance transferred shall be reported on line A.6.a. An adjustment claim and TED shall be processed for the total amount collected to the point of transfer (either by payment or offset). If a transferred receivable is collected inadvertently through offset, the claims processing unit shall notify CCS by the following work day after receipt and complete the Collections Made By Offset/Refund Form (Addendum A Figure 10.A-31). The amount of the offset shall reduce current transfers (Line A.6.a) and be included in Collections (Line A.3). If a receivable has reached the mandatory time limit for transfer, but a claim is pending for offset which will not be paid until the next month, this receivable may be retained, reported on a footnote, and transferred the following month if a balance still exists. The footnote shall provide the debtor's name, sponsor's name and SSN, amount of debt, amount of potential offset, and the expected date of transfer. A copy of each report containing such footnotes shall be sent to the Chief, Recoupment Branch, Office of General Counsel (OGC), DHA.

6a2 – To DHA, OGC during contract transition– Only offset accounts greater or equal to \$600.00 that have been on offset for 12 months or longer, and all installment accounts, shall be transferred to DHA no later than 30 days after the start of health care delivery in accordance with TOM, Chapter 1, Section 7, paragraph 3.9.

6.b – To incoming contractor during contract transition – The outgoing contractor shall only transfer offset cases for non-financially underwritten funds greater than \$110.00 (\$30.00 for pharmacy overpayments) that have been on offset for less than 12 months to the incoming contractor no later than 30 days after the start of health care delivery in accordance with TOM, Chapter 1, Section 7, paragraph 3.9.

7. Ending receivables - Total ending receivable balance to be carried forward to A.1. for the next reporting period.

B. OUTSTANDING RECEIVABLES

Outstanding receivables shall be aged and reported by the categories listed on the report.

Not Delinquent is normally 30 days from the date of initial notification of the debt or from the date of the last installment payment whichever is later.

Installments will be aged based on the date of the last payment. If the installment payment is delinquent (over 30 days from the last payment) the remaining unpaid balance will be reported in the proper aged category depending on the remaining balance of the debt (B.1 equal to or greater than \$600 or B.2 less than \$600)

Accounts Receivable - Amounts Written Off Detail Report

CONTRACTOR NAME

ASAP ID #

SUBCONTRACTOR NAME

MONTH OF REPORT

		DAYS											
NAME	NOT DELINQUENT	1 - 30	31 - 60	61 - 90	91 - 150	151 - 180	181 - 300	301 - 365	> 1 YR AND < 2 YRS	> 2 YRS AND < 6 YRS	> 6 YRS AND < 10 YRS	> 10 YRS	TOTALS
TOTALS:													

Instructions:

This report shall list the cases that make up the total shown on line A.5 - Amounts Written Off - on the Accounts Receivable Summary Report. Aging shall be based on date of delinquency.

Note that this report has an additional split for aging (181 - 300 and 301 - 365) compared to the other two Supplemental Reports.

Accounts Receivable - Debts Transferred To DHA Detail Report

CONTRACTOR NAME

ASAP ID #

SUBCONTRACTOR NAME

MONTH OF REPORT

		DAYS										
NAME	NOT DELINQUENT	1 - 30	31 - 60	61 - 90	91 - 150	151 - 180	181 - 365	> 1 YR AND < 2 YRS	> 2 YRS AND < 6 YRS	> 6 YRS AND < 10 YRS	> 10 YRS	TOTALS
TOTALS:												

Instructions:

This report shall list the cases that make up the total shown on line A.6.a - Transferred To DHA - on the Accounts Receivable Summary Report. Aging shall be based on date of delinquency.

Accounts Receivable - Ending Outstanding Receivables Detail Report

CONTRACTOR NAME

ASAP ID #

SUBCONTRACTOR NAME

MONTH OF REPORT

		DAYS										
NAME	NOT DELINQUENT	1 - 30	31 - 60	61 - 90	91 - 150	151 - 180	181 - 365	> 1 YR AND < 2 YRS	> 2 YRS AND < 6 YRS	> 6 YRS AND < 10 YRS	> 10 YRS	TOTALS
TOTALS:												

Instructions:

This report shall list the cases that make up the total shown on line A.7. - Ending Receivable on the Accounts Receivable Summary Report. Aging shall be based on date of delinquency.

Accounts Receivable - Contract Transition Detail Report

CONTRACTOR NAME

ASAP ID #

SUBCONTRACTOR NAME

MONTH OF REPORT

NAME	NOT DELINQUENT	DAYS DELINQUENT										
		1 - 30	31 - 60	61 - 90	91 - 150	151 - 180	181 - 365	> 1 YR AND < 2 YRS	> 2 YRS AND < 6 YRS	> 6 YRS AND < 10 YRS	> 10 YRS	TOTALS
TOTALS:												

Instructions:

For outgoing contractor - This report shall list the cases that make up the total shown on line A.6.b - Transferred to incoming contractor - on the Accounts Receivable Summary Report. Aging shall be based on date of delinquency.

For incoming contractor - This report shall list the cases that make up the total shown on line A.2.b - New receivables from outgoing contractor - on the Accounts Receivable Summary Report. Aging shall be based on date of delinquency.

ACCOUNTS RECEIVABLE - SUSPENDED PROVIDERS**Contractor****Month Of Report****ASAP ID#****Sub-Contractor**

Accounts Receivable debt by Suspended Providers (do-not-pursue)							
	Provider/Pharmacy	Date Suspended by DHA	Amount Suspended	Funds Received by Suspended Provider	On A/R Report?	Date funds were forwarded to DHA	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Grand Total			\$ -	\$ -			

* Debts referenced above will be reported in their appropriate category on the A/R report where they will continue to be aged.

* Email should be sent to DHA/CRM to report all TRI's impacted by the suspended provider when suspension occurs.

Accounts Receivable debt related to Suspended Providers (actively pursuing collections)							
	Provider/Pharmacy	Date Suspended by DHA	Amount Recouping	Date Suspension was lifted	On A/R Report?	Date range of claims being pursued	Amount of funds returned from DHA to contractor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Grand Total			\$ -				\$ -

* Debts referenced above will be reported in their appropriate category on the A/R report where they will continue to be aged.

* Email should be sent to DHA/CRM to report all TRI's impacted by the lift in suspension when it occurs.

A provider suspension will only occur at the direction of DHA Program Integrity Office (PI).
Additional guidance on suspended providers can be found in the TOM Chapter 13, Section 5.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER Financial Statement										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M150	2. TITLE OF DATA ITEM Non-Financially Underwritten Bank Cleared Payment Data				3. SUBTITLE REV on 11/28/2018									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE Section G		6. REQUIRING OFFICE CRM									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: First of the month following award of contract modification or date specified in the modification Due Date: 5 business days after end of reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Data file (.dat) CONTENT DETAILS: The contractor shall require their bank to provide, by an electronic transmission, a listing of all debit and credit transactions clearing the account. Standard File Name: Dyymmdd_PHARM_ESI.dat Payment file layouts are attached with updates provided by the government as required. Attachment A: Check Layout Attachment B: EFT/ACH Layout						Submit through the B2B Gateway								
						15. TOTAL						0	0	0
						G. PREPARED BY Laura White			H. DATE 11/28/2018		I. APPROVED BY Katheryn Lima		J. DATE 11/28/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

Attachment A:**Bank "Check Cashed" File Layout**

```

INTO TABLE TMA_PCR_BANK_IMP_HEADERS
WHEN (1) <> 'H' AND (1) <> 'D' AND (11) = 'T'
FIELDS OPTIONALLY ENCLOSED BY '"' TRAILING NULLCOLS
(
    BANK_ACCT_NUMBER POSITION(01:10) CHAR "rtrim(:bank_acct_number)",
    RECORD_COUNT      POSITION(14:23) INTEGER EXTERNAL,
    TOTAL_AMOUNT      POSITION(24:35) DECIMAL EXTERNAL ":total_amount/100"
)
INTO TABLE TMA_PCR_BANK_IMP_DETAILS
WHEN (1) <> 'H' AND (1) <> 'D' AND (11) = ' '
FIELDS OPTIONALLY ENCLOSED BY '"' TRAILING NULLCOLS
(
    BANK_ACCT_NUMBER      POSITION(01:10) CHAR "rtrim(:bank_acct_number)",
    CHECK_NUMBER          POSITION(14:23) CHAR,
    AMOUNT_PAID           POSITION(24:35) DECIMAL EXTERNAL ":amount_paid/100",
    PAID_DATE             POSITION(36:43) DATE "MMDDYYYY"
"DECODE(:paid_date,'00000000',NULL,'99999999',NULL,:paid_date)"
)

```

Note: A Trailer Record must be included after the details per each bank account number.

* On detailed record paid amount should be right justified, left zero filled.

Attachment B:

BAI – EFT/ACH Payment Layout

The Standard BAI Format should be utilized with the specific requirements listed below for ACH (EFT) Payments:

Record Type 01: File Header

File header marks the beginning of a file. It identifies the sender and the receiver of the transmission, and it describes the structure of the file.

Example:

01,BankName,Contractor,180101,0830,100000,100,1,2/

Record Type 02: Group Header

Group header identifies a group of accounts, all of which are from the same originator and include the same As-of-Date.

Example:

02,Contractor,000000000,1,180101,,USD,/

Record Type 03: Account Identifier and Summary Status

Record identifies the account number and reports summary and status information. Summary information may be accompanied by an item count and fund availability distribution. Must be used to identify each account.

Example:

03,Cust AcctNumber,USD,140,0000000000,00000,,450,0,0,/

Record Type 16: Transaction Detail

Transactions will be reported on a Record Type **16** using Transaction Codes **169** (Miscellaneous ACH Credit) or **469** (Miscellaneous ACH Debit) and the **Unique Customer Identifier** in Field 8 of the Record Type 16. The Bank will receive the **Unique Customer ID** from the **Contractor** within their Standard **NACHA** file Record Type 6, Field 7, Position 40-54. This data must be passed to DHA in the prescribed fields to allow for reconciliation processing. All other record types in the BAI files should be standard.

Example:

16,169,Amount,Fund Type,Date,,BANK_REF_NUMBER,Unique_Cust_ID_Num/
88,Misc TEXT Continuing Record.

16,169,10000,V,180101,,0000000000000000,0000000000/
88,ABA: 000000000; Acct: 000000000000; Recv ID: 0000000000; Recv Name: ABC Company

Record Type 88: Continuation Record

If the data in any type of record exceed the physical record size, or if dividing the record is desirable for any other reason, an 88 record allows the data to continue in the same format.

Example:

88,ABA: 000000000; Acct: 000000000000; Recv ID: 0000000000; Recv Name: ABC Company

Record Type 49: Account Trailer

There must be one 49 record for each 03 record. All 16 and 88 records between the 03 record and the 49 record refer to the account identified in the 03 record.

Example:

49,+1250000000,25000/

Record Type 98: Group Trailer

There must be one 98 record for each 02 record.

Example:

98,+6000000000,2,103000/

Record Type 99: File Trailer

There must be one 99 record for each file. The 99 record indicates the end of the logical file.

Example:

99,+6000000000,1,100000/

* On detailed record paid amount should be right justified, left zero filled.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Financial Statement										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. M160	2. TITLE OF DATA ITEM TPHARM Bank Account Statement Report				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE RFP SECTION F& G			6. REQUIRING OFFICE TMA-Aurora/CRM								
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
16. REMARKS Block 12 - By the 30th calendar day of the month following the first month of claims processing. Block 13 - By the 30th calendar day of the month following the end of the month being reported. This report may be pages from the standard bank statement provided by the bank or may be an internet access but must be from the bank. The contractor shall provide a report/statement, created by their bank, each month that includes the following information: Beginning Balance in the account(s) Total payments Total deposits Total adjustments (if applicable) Ending Balance in the account(s) Reports shall be submitted electronically thru the Extranet/PAT system.						Draft		Final						
						15. TOTAL →						0	0	0
						G. PREPARED BY Evelyn Young, TMA-A, CRM			H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER Financial Statement	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>										
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. M180	2. TITLE OF DATA ITEM MTF Reject Summary Report				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.11.3.6		6. REQUIRING OFFICE TMA/Pharm Ops					
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES			
16. REMARKS Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month The contractor shall provide a monthly summary of the claims initially rejected that were not corrected by the MTF and had to be corrected by the contractor. The report shall be submitted to TMA-POC via upload to the secure FTP server provided by the government, with notification to the COR. The data shall be provided in an Excel file with the labels requested below. Data includes: 1. All rejected claims 2. Number of claims corrected by the MTFs 3. Number of claims corrected by the contractor 4. Number of claims that were not corrected				Draft		Final				
				Reg		Repro				
				15. TOTAL →				0	0	0
				G. PREPARED BY Hector Morales		H. DATE 1/15/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>										
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER _____						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.					
1. DATA ITEM NO. M200	2. TITLE OF DATA ITEM Mail Order Pharmacy Replenishment Reconciliation Claims Level Data File				3. SUBTITLE REV on 06/30/2020					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.11.8		6. REQUIRING OFFICE Pharmacy Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16	14. DISTRIBUTION						
8. APP CODE N/A		11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16	a. ADDRESSEE		b. COPIES				
				Draft		Final				
				Reg		Repro				
<p>16. REMARKS</p> <p>FIRST SUBMISSION:</p> <p>Frequency: Monthly</p> <p>Reporting Period Start Date: First day of the month following award of contract modification or date specified in the modification</p> <p>Due Date: 30 calendar days after the end of the reporting period</p> <p>SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION</p> <p>PHI/PII: No</p> <p>FILE FORMAT: A mutually agreed upon format with the government</p> <p>The contractor shall submit auditable reconciliation data files which accounts for all dispensed and returned product as reported on TED records for TMOP prescriptions, all product ordered from the National Prime Vendor but not yet received, all product received from the National Prime Vendor to include Purchase Order number and date, date receipt acknowledgement was submitted to DLA (TS), the unreplenished balance and all products reimbursed from the Contractor commercial inventory. This reporting shall include a claim level data file (M200) and NDC level data file (M210).</p> <p>:</p> <p>Claims Level Report shall include, at minimum, the following information:</p> <ul style="list-style-type: none"> - Reporting Period - 11 digit NDC for the dispensed medication - Brand name, generic name, strength, dosage form, route - Claim identifier (eg. prescription number) - Transaction date or date dispensed - Ship date - Dispensed quantity - Adjustment quantity - GCN and GCN sequence number <p>The contractor shall provide written notice to the COR when the report has been placed on the government specified secure web site.</p> <p>The following requirements under F.2.1 apply: C, D</p>				Submit through						
				secure FTP Server						
				with notification to						
				(Per TOM Ch 14 Sec 2)						
				COR						
				15. TOTAL				0	0	0
				G. PREPARED BY Fakhrudin Valibhai		H. DATE 06/30/2020		I. APPROVED BY Henry Gibbs		J. DATE 06/30/2020

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data. These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188							
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>													
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT Attachment A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Reconciliation Report</u>									
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.								
1. DATA ITEM NO. M210	2. TITLE OF DATA ITEM Mail Order Pharmacy Replenishment Reconciliation - NDC Level Data File				3. SUBTITLE REV on 06/30/2020								
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.11.8.		6. REQUIRING OFFICE Pharmacy Ops								
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
					Draft	Final Reg Repro							
16. REMARKS FFIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Reporting Period Start Date: First day of the month fo Due Date: 30 calendar days after end of reporting period SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: Mutually agreeable format with the government CONTENT DETAILS: The contractor shall submit auditable reconciliation data files which accounts for all dispensed and returned product as reported on TED records for TMOP prescriptions, all product ordered from the National Prime Vendor but not yet received, all product received from the National Prime Vendor to include Purchase Order number and date, date receipt acknowledgment was submitted to DLA (TS), the unreplenished balance and all products reimbursed from the Contractor commercial inventory. This reporting shall include claim level data file (M210). -NDC Level Report shall include, at minimum, the following information - 11 digit NDC for the replenished medication - 11 digit NDC for the reimbursed medication - Brand name, generic name, strength, dosage form, route - Beginning balance: Beginning Inventory is equal to the replenishment due on the first day of the month. - Dispensed quantity: Quantity dispensed equals all shipped scripts and any adjustments to current month scripts. - Dispensed adjustment quantity: Dispensed Adjustments are any adjustments made within the current month that pertain to prior months' scripts. - Bottle Size Transfer Adjustments: Replenishment due transferred due to a bottle size change, transferred from old bottle size to new bottle size, with a net impact of \$0.00. - Quantity replenished: Quantity replenished equals all received drugs from Prime Vendor - Replenished Adjustments: Replenished Adjustments are any adjustments made within the current month that pertain to prior months' receipts. - Replenishment Due End Balance: Ending balance is equal to the replenishment due at the end of business on the last day of the month. If this is negative, a credit is due to the government. - Quantity Ordered: Quantity Ordered from the Prime Vendor Continued on page 2						Submit through the secure FTP server at notification to COR (Per TOM Ch 14 Sec 2)							
												15. TOTAL	0 0 0
						G. PREPARED BY Fakhrudin Valibhai			H. DATE 06/30/20		I. APPROVED BY Henry Gibbs		J. DATE 06/30/20

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT Attachment A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Reconciliation Report</u>	
D. SYSTEM/ITEM		E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

- Quantity on Order, not Received: Quantity on order from Prime Vendor, but not received
- Estimated Price of Replenishment Due End Balance: Ending Balance (replenishment due) in Estimated medical pricing catalog dollars. If this is negative, a credit is due to the government.
- Replenishment Due End Balance: Ending balance is equal to the replenishment due at the end of business on the last day of the month. If this is negative, a credit is due to the government.
- Quantity on Order, not Received: Quantity on order from Prime Vendor, but not received.
- Quantity through reimbursement by the Government.
- Quantity yet to be reimbursed by the Government
- Package Flag: Package Flag, Y = drug is dispensed as a unit pack (e.g. birth control, creams, lotions, etc.), or a compound, N = individual units dispensed.
- GCN and GCN Sequence Number
- Purchase Order Number
- Purchase Order Date
- Date Receipt Submitted to DLA

The following requirements under F.2.1 apply: C, D

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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TPharm Mail Order Pharmacy Reconciliation Report - November 2014

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Tpharm Mail Order Pharmacy Reconciliation Report Legend - Part I

NDC	Description	Bag Bal	Qty Disp	Disp Adj	Bottle Size Transfer Adj	Qty Repl	Repl Transferred IN	Repl Transferred OUT	Repl Adj	Replenishment Due End Bal	Qty Ordered	Qty on Ord, not Rec'd	Estimated Pricing of Replenishment Due End Bal	Pck Flg	GCN SEQ number	Generic Code Number	Name Strength
00172426870	Description		844	100	0	(944)	0	0	-	500	100	-	N	N	123456	12345	Drug a 10mg
00172426880	Description		-	1,235	0	944	0	0	2.17	500	1,200	22	N	Y	123456	12345	Drug b 30mg

Legend**Data****Bag Bal**

Beginning balance is equal to the replenishment due on the first day of the month.

Description

ESP's internal product identifier.

Qty Disp

Quantity dispensed equals all shipped scripts and any adjustments to current month scripts.

Disp Adj

Dispensed adjustments are any adjustments made within the current month that pertain to prior months' scripts.

Bottle Size Transfer Adj

Replenishment due transferred due to a bottle size change, transferred from old bottle size to new bottle size, with a net impact of \$0.00.

Qty Repl

Quantity replenished equals all received drugs from McKesson.

Repl Transferred IN

Replenishment due quantity transferred TO the NDC/Product.

Repl Transferred OUT

Replenishment due quantity transferred FROM the NDC/Product.

Repl Adj

Replenished Adjustments are any adjustments made within the current month that pertain to prior months' receipts.

Replenishment**Due End Bal**

Ending balance is equal to the replenishment due at the end of business on the last day of the month. If this is negative, a credit is due to the government.

Qty Ordered

Quantity ordered within the current month.

Qty on Order, not Rec'd

Quantity on order from McKesson, but not received.

Estimated Pricing of Replenishment

Ending Balance (replenishment due) in Estimated medical pricing catalog dollars. If this is negative, a credit is due to the government.

Pkg Flg

Package Flag, Y = drug is dispensed as a unit pack (e.g. birth control, creams, lotions, etc.), or a compound, N = individual units dispensed.

GCN SEQ number

5 digit Generic Sequence Code Number

Generic Code Number (GCN)

5 digit Generic Code Number

Name Strength

Name, strength per the medical pricing catalog

Data Class: Confidential

TPharm Mail Order Pharmacy Reconciliation Report - Part I - November 2014

[illegible]

TPharm Mail Order Pharmacy Reconciliation Report - November 2014

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TPharm Mail Order Pharmacy Reconciliation Report Legend - Part II

NDC	Description	Purchase Order Date	PO Number	Date Receipt Submitted to DSCP	Generic Code Number (GCN)	Name Strength	Quantity Ordered	Quantity Received
Could be blank if no items rec's or end of month								

Purchase Order Date
PO Number
Date Receipt Submitted to DSCP
Generic Code Number (GCN)
Name Strength
Quantity Ordered
Quantity Received

PO Date
Replenished PO Number
Indicates the receipt date from the National Prime Vendor.

5 Digit Generic Code Number
Name, strength per medical pricing catalog
Quantity Ordered in the current month
Quantity received in the current month

TPharm Mail Order Pharmacy Reconciliation Report - Part II - November 2014

NDC	Description	Purchase Order Date	PO Number	Date Receipt Submitted to DSCP	Generic Code Number (GCN)	Name Strength	Quantity Ordered	Quantity Received
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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Data Report</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. M220	2. TITLE OF DATA ITEM MTF High Cost Claim Summary Report				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.11.3.6		6. REQUIRING OFFICE TMA/Pharm Ops									
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES Draft Final Reg Repro							
16. REMARKS Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month following the end of the previous month. The contractor shall provide a monthly summary of the claims that came from the MTFs exceeding a cost threshold established by the government, currently \$2,000. The report shall be submitted to TMA-POC via upload to the secure FTP server provided by the government, with notification to the COR. The contractor shall summarize the data in an Excel file with the pages and data fields requested below: 1) Summary Page: shows the dollar impact of actions after the total incorrect quantities submitted have been corrected 2) No Response Page: list of transactions that have not been corrected and the total cost of impact 3) By Branch of Service Page: pivot table which gives the summary of actions by individual site MTF 4) Raw Data: Data set from which the reports were compiled Raw Data fields include: Branch of Service TRICARE Region Service Command TRICARE Region Site MTF Pharmacy Name Pharmacy ID (Pharmacy NPI) Total Submitted Amount Due Corrected Total Submitted Amount Due The following requirements under F.2.1 apply: C						See Block 16								
						15. TOTAL →						0	0	0
						G. PREPARED BY Hector Morales		H. DATE 1/15/2013		I. APPROVED BY William Blanche		J. DATE 2/5/2013		

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Data Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Data Report</u>			
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR		
1. DATA ITEM NO. M230	2. TITLE OF DATA ITEM Plan Cost Report				3. SUBTITLE		
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.8		6. REQUIRING OFFICE TMA/Pharm Ops		
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16			
8. APP CODE N/A	B	11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16			
14. DISTRIBUTION							
				a. ADDRESSEE		b. COPIES	
						Draft	
						Final	
						Reg	
						Repro	
16. REMARKS Block 12: 20th calendar day of the month following the start of pharmacy services Block 13: 20th calendar day of the month following the end of the previous month. Block 14: Secure FTP Server, with notification to COR The contractor shall provide written notice to the COR when the report has been placed on the government specified secure web site. The report shall be in Microsoft Excel format and include the following tabs: 1) Top 100 Drugs by Rx Count 2) Top 100 Drugs by Ingredient Cost 3) Top 100 Classes by Rx Count 4) Top 100 Classes by Ingredient Cost DATA ELEMENTS (MASTER REPORT): YEAR/MONTH GCN DRUG NAME TC_CODE TC_DESCRIPTION BRAND/GENERIC FORMULARY/NON-FORMULARY 65 AND OVER OR UNDER 65 NUMBER OF PRESCRIPTIONS NUMBER OF UTILIZING MEMBERS TOTAL QTY DISP TOTAL DAYS SUPPLY TOTAL PLAN INGREDIENT COST TOTAL PLAN COST* TOTAL ADMIN FEE TOTAL PLAN COST WITH ADMIN FEE TOTAL BENEFICIARY COST SHARE BENEFICARY CATAGORY BENEFICARY ENROLLMENT STATUS NUMBER OF PRESCRIPTIONS IN 30 DAY ADJUSTED SPECIALTY INDICATOR POINT OF SERVICE (MAIL/RETAIL/MTF) PRESCRIBER NAME AND ID PHARMACY NAME AND NCPDP				See Block 16			
G. PREPARED BY Fakhrudin Valibhai		H. DATE 3/25/2013		I. APPROVED BY William Blanche		J. DATE 4/8/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Data Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS (Continued)

*= ING COST + DISPENSING FEE + RETAIL OR MAIL ORDER ADMIN FEE – MEMBER PAYMENT AMT – OHI PAID AMT
(ADD MCC ADMIN FEE WHERE APPLICABLE)

REPORT TABS (PIVOT TABLES)

Top 100 Drugs sorted by:

- 1) Rx Count
- 2) Ingredient Cost

Data elements in each report:

GCN
 DRUG NAME
 SPECIALTY INDICATOR
 NUMBER OF PRESCRIPTIONS
 NUMBER OF PRESCRIPTIONS IN 30 DAY ADJUSTED
 TOTAL QTY DISP
 INGREDIENT COST PER RX
 INGREDIENT COST PER 30 DAY ADJUSTED
 TOTAL PLAN COST
 PLAN COST PER RX
 PLAN COST PER 30 DAY ADJUSTED
 TOTAL BENEFICIARY COST SHARE
 BENEFICIARY COST SHARE PER RX
 BENEFICIARY COST SHARE PER 30 DAY ADJUSTED

Top 100 Classes sorted by:

- 1) Rx Count
- 2) Ingredient Cost

Data elements in each report:

TC_CODE
 TC_DESCRIPTION
 SPECIALTY INDICATOR
 NUMBER OF PRESCRIPTIONS
 NUMBER OF PRESCRIPTIONS IN 30 DAY ADJUSTED
 TOTAL QTY DISP
 INGREDIENT COST PER RX
 INGREDIENT COST PER 30 DAY ADJUSTED
 TOTAL PLAN COST
 PLAN COST PER RX
 PLAN COST PER 30 DAY ADJUSTED
 TOTAL BENEFICIARY COST SHARE
 BENEFICIARY COST SHARE PER RX
 BENEFICIARY COST SHARE PER 30 DAY ADJUSTED

The following requirements under F.2.1 apply: A, C, D

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These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188							
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.													
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT Exhibit A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>									
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR								
1. DATA ITEM NO. M240	2. TITLE OF DATA ITEM Theater Data Medical Store (TMDS) Claims Processing Report				3. SUBTITLE								
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.12.6.3.2		6. REQUIRING OFFICE TMA/Pharm Ops								
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
16. REMARKS Block 12 - Within 10 calendar days following the end of the month of the first month of claims processing. Block 13 - Within 10 calendar days following the end of the month being reported A TMDS Claims Volume Report shall be submitted monthly in Microsoft Excel format for assessment of the contractor's processing of TMDS claims. The Report shall include the following for each weekly TMDS file: - Date of File - Total Number of Records Received from TMDS - AHLTA-T Records Adjudicated - TC2 Records Adjudicated - Total Records Adjudicated - Number of Aged Claims Dropped - Number of Duplicates Dropped - Number of Errors Dropped - Total Number Dropped - % Dropped In addition to the current reporting period, the report shall include the above data for all prior weeks within the current option period. The following requirements under F.2.1 apply: A, D.						TMA E-Commerce							
						Extranet							
						15. TOTAL						0	0
						G. PREPARED BY Hector Morales		H. DATE 8/14/2013		I. APPROVED BY William Blanche		J. DATE 8/20/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.										
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____						
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.					
1. DATA ITEM NO. M250	2. TITLE OF DATA ITEM Expanded Use of MTF/TMOP Summary and Savings Report				3. SUBTITLE REV on 2/16/16					
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE C.7.1.13		6. REQUIRING OFFICE Pharmacy Ops					
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE				
				b. COPIES						
						Draft				
						Final				
						Reg				
						Repro				
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: 1 September 2016 Due Date: 30 calendar days after end of reporting period SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: The Expanded Use of MTF/MOP Summary and Savings Report shall be submitted in the Contractor's format for assessment of the contractor's performance indicators on the Expanded MTF/Mail Pharmacy initiative. The Report shall have the ability to delineate beneficiaries over and under 65 years of age and include the following: Summary report (Expansion to date): <ul style="list-style-type: none"> • Total targeted initial Rx's. • Total Rx's filled under this program (includes refills). • Total beneficiaries included in the program. • Total straight to mail initial Rx's (no prior retail fill): Initial EHD drug filled directly at TMOP by beneficiaries in the program. • Total straight to MTF initial Rx's (no prior retail fill): Initial EMM drug filled directly at MTF by beneficiaries in the program. • Total straight to mail Rx's filled (no prior retail fill): Initial EHD drug and associated refills filled directly at TMOP by beneficiaries in the program. • Total straight to MTF Rx's filled (no prior retail fill): Initial EMM drug and associated refills filled directly at MTF by beneficiaries in the program. • Total straight to mail beneficiaries (no prior retail fill): Total beneficiaries in the program that have filled an EHD drug directly at TMOP. • Total straight to MTF beneficiaries (no prior retail fill): Total beneficiaries in the program that have filled an EMM drug directly at MTF. • Total non-targeted initial Rx's moved to TMOP (in addition to a targeted Rx) by beneficiaries in the program. • Total non-targeted initial Rx's moved to MTF (in addition to a targeted Rx) by beneficiaries in the program. • Total non-targeted Rx's filled at TMOP (in addition to a targeted Rx) by beneficiaries in the program (including refills). • Total non-targeted Rx's filled at MTF (in addition to a targeted Rx) by beneficiaries in the program (including refills). Continued on next page						Submit through the				
						DHA e-Commerce				
						Extranet.				
						(Per TOM Ch 14 Sec 2)				
						15. TOTAL				
G. PREPARED BY Beth Spearman		H. DATE 2/16/2016		I. APPROVED BY William Blanche		J. DATE 2/16/2016				

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER _____
D. SYSTEM/ITEM	E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

- Total number of beneficiaries who moved a non-targeted Rx to TMOP (in addition to a targeted Rx).
- Total number of beneficiaries who moved a non-targeted Rx to MTF (in addition to a targeted Rx).

Monthly data:

- Number of Rx's targeted under this program
- Number of initial Rx's filled at TMOP under this program
- Number of initial Rx's filled at MTF under this program
- Number of Rx's filled under this program
- Number of Rx's filled at TMOP this program
- Number of Rx's filled at MTF under this program
- Number of unique beneficiaries filled in the program.
 - o Number of unique beneficiaries filled at TMOP
 - o Number of unique beneficiaries filled at MTF

*** Include in definitions the reason for potential overlap

- Number of beneficiaries receiving their medication at retail through an override or PA
- Number of straight to mail initial Rx's (no prior retail fill): Initial EHD drug filled directly at TMOP by beneficiaries in the program.
- Total straight to MTF initial Rx's (no prior retail fill): Initial EMM drug filled directly at MTF by beneficiaries in the program.
- Number of straight to mail Rx's filled (no prior retail fill): Initial EHD drug and associated refills filled directly at TMOP by beneficiaries in the program.
- Total straight to MTF Rx's filled (no prior retail fill): Initial EMM drug and associated refills filled directly at MTF by beneficiaries in the program.
- # of straight to mail beneficiaries (no prior retail fill): Total beneficiaries in program that have filled an EHD drug directly at TMOP.
- Total straight to MTF beneficiaries (no prior retail fill): Total beneficiaries in the program that have filled an EMM drug directly at MTF.
- Number of non-targeted initial Rx's moved to TMOP (in addition to a targeted Rx) by beneficiaries in the program.
- Total non-targeted initial Rx's moved to MTF (in addition to a targeted Rx) by beneficiaries in the program.
- Number of non-targeted Rx's filled at TMOP (in addition to a targeted Rx) by beneficiaries in the program (including refills).
- Total non-targeted Rx's filled at MTF (in addition to a targeted Rx) by beneficiaries in the program (including refills).
- Number of beneficiaries who moved a non-targeted Rx to TMOP (in addition to a targeted Rx).
- Total number of beneficiaries who moved a non-targeted Rx to MTF (in addition to a targeted Rx).
- Number of targeted drug conversions initiated and successfully completed through the MCC.
- Total number of retail fills subject to 100% cost share, further broken down by Filled and Reversed
- Stratification of targeted beneficiaries that haven't filled at TMOP or MTF, including courtesy fills on hand, MTF or OHI utilization
- # of beneficiaries who did not have a subsequent fill at mail, MTF or retail after being required to pay full cost for their medication.
- Total cost savings *+. MTF Savings Out of Scope.

Add to definitions tab why the Savings tab volume and Summary volume may not always match

*Total cost savings = Ingredient cost difference per drug between Retail & Mail (Includes Government-provided percentage refund savings on brand drugs at Retail) + Administrative fee difference between Retail & Mail + Dispensing fee difference between Retail & Mail - Member cost share difference between Retail & Mail. Cost savings to be separated by targeted medications, and non-targeted medications separated by brand and generic.

+ All estimates should be normalized to a 90-day supply.

100% Co-Pay Campaign:

- Number of targeted Beneficiaries with 100% Co-pay or Reversed Rx
- Number of beneficiaries with a 100% Co-Pay with subsequent fill at TMOP
- Number of beneficiaries with a 100% Co-Pay with subsequent fill at MTF
- % of Beneficiary with 100% co-pay or reversed Rx with subsequent fill at MTF
- % of Beneficiary with 100% co-pay or reversed Rx with subsequent fill at TMOP
- Number of targeted RX's with 100% Co-pay or Reversed Rx
- Number of Rx's with a 100% Co-Pay with subsequent fill at TMOP
- Number of Rx's with a 100% Co-Pay with subsequent fill at MTF
- % of Rx's with 100% co-pay or reversed Rx with subsequent fill at MTF
- % of Rx's with 100% co-pay or reversed Rx with subsequent fill at TMOP
- Number of targeted beneficiaries without a subsequent fill within 30 days

In addition to the current reporting period, the report shall include the above data for all prior months within the current option period.

The following requirements under 2.1 apply: A, D

Template is attached with updates provided by the government as required.

Expanded Mandatory Mail - Summary Report (M250)

Expanded Mandatory Mail - Summary Report (M250)

Pyto

[illegible][illegible]

*include in definition that there could be a potential overlap

PTD

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PTD

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--	--

[illegible]

100



100

10

100

100

Straight to Mail and MTF Drugs

Total straight to mail or MTF initial Rx's
 Total straight to mail or MTF Rx's filled (including refills)
 Total straight to mail or MTF beneficiaries

PTD

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	PTD	%	PTD
Number of straight to mail initial Rx's: Initial EHD drug filled directly by beneficiaries in the program													
MTF Breakout													
TMOP Breakout													
Number of straight to mail Rx's filled: Initial EHD drug and associated refills filled directly at TMOP by beneficiaries in the program													
MTF Breakout													
TMOP Breakout													
Number of straight to mail beneficiaries: Total beneficiaries in the program that have filled an EHD drug directly at TMOP													

Halo Drug Conversions TMOP and MTF Summary

Total non-targeted initial Rx's moved to TMOP (in addition to a targeted Rx) by beneficiaries in the program
 Total non-targeted Rx's filled at TMOP (in addition to a targeted Rx) by beneficiaries in the program (including refills)
 Total number of beneficiaries who moved a non-targeted Rx to TMOP (in addition to a targeted Rx)
 Total non-targeted initial Rx's moved to MTF (in addition to a targeted Rx) by beneficiaries in the program
 Total non-targeted Rx's filled at MTF (in addition to a targeted Rx) by beneficiaries in the program (including refills)
 Total number of beneficiaries who moved a non-targeted Rx to MTF (in addition to a targeted Rx)

PTD

Halo Drug Brand/Generic Conversions TMOP and MTF

Number of non-targeted initial Rx's moved to TMOP or MTF (in addition to a targeted Rx) by beneficiaries in the program
 Brand halo Rx's converted
 Generic halo Rx's converted
 Number of Rx's filled at TMOP or MTF (in addition to a targeted Rx) by beneficiaries in the program (including refills)
 Brand halo medications filled at TMOP or MTF after targeting
 Generic halo medications filled at TMOP or MTF after targeting
 Number of beneficiaries who moved a non-targeted Rx to TMOP or MTF (in addition to a targeted Rx)
 Number of non-targeted Rx's filled at TMOP by beneficiaries converted successfully through the MCC (in addition to a targeted Rx)

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	PTD	%	PTD
Number of non-targeted initial Rx's moved to TMOP or MTF (in addition to a targeted Rx) by beneficiaries in the program													
Brand halo Rx's converted													
Generic halo Rx's converted													
Number of Rx's filled at TMOP or MTF (in addition to a targeted Rx) by beneficiaries in the program (including refills)													
Brand halo medications filled at TMOP or MTF after targeting													
Generic halo medications filled at TMOP or MTF after targeting													
Number of beneficiaries who moved a non-targeted Rx to TMOP or MTF (in addition to a targeted Rx)													
Number of non-targeted Rx's filled at TMOP by beneficiaries converted successfully through the MCC (in addition to a targeted Rx)													

100% Copay Campaign

Number of Beneficiaries Targeted For Conversion Following 100% Copay
 Number of beneficiaries with a 100% Copay with subsequent fill at TMOP
 Number of beneficiaries with a 100% Copay with subsequent fill at MTF
 % of Beneficiary with 100% Copay or reversed Rx with subsequent fill at MTF
 % of Beneficiary with 100% Copay or reversed Rx with subsequent fill at TMOP
 Number of targeted Rx's with 100% Copay or Reversed Rx
 Number of Rx's with a 100% Copay with subsequent fill at TMOP
 Number of Rx's with a 100% Copay with subsequent fill at MTF
 % of Rx's with 100% Copay or reversed Rx with subsequent fill at MTF
 % of Rx's with 100% Copay or reversed Rx with subsequent fill at TMOP
 *Number of Beneficiaries without subsequent fill after targeting

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	PTD	%	PTD
Number of Beneficiaries Targeted For Conversion Following 100% Copay													
Number of beneficiaries with a 100% Copay with subsequent fill at TMOP													
Number of beneficiaries with a 100% Copay with subsequent fill at MTF													
% of Beneficiary with 100% Copay or reversed Rx with subsequent fill at MTF													
% of Beneficiary with 100% Copay or reversed Rx with subsequent fill at TMOP													
Number of targeted Rx's with 100% Copay or Reversed Rx													
Number of Rx's with a 100% Copay with subsequent fill at TMOP													
Number of Rx's with a 100% Copay with subsequent fill at MTF													
% of Rx's with 100% Copay or reversed Rx with subsequent fill at MTF													
% of Rx's with 100% Copay or reversed Rx with subsequent fill at TMOP													
*Number of Beneficiaries without subsequent fill after targeting													

*Added on 02/05/2016

*This document contains Express Scripts, Inc. proprietary information and/or data and shall be protected in accordance with all applicable Federal statutes and agency regulations.

EXEMPT FROM PUBLIC DISCLOSURE: Information contained herein is confidential information of Express Scripts, Inc. and is exempt from public disclosure under 5 U.S.C. §552 (b).*

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188											
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>																	
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____													
D. SYSTEM/ITEM			E. CONTRACT/PR NO.		F. CONTRACTOR												
1. DATA ITEM NO. M260	2. TITLE OF DATA ITEM Expanded Use of MTF/TMOP Override Report				3. SUBTITLE REV on 8/31/15												
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE C.7.1.13.2.		6. REQUIRING OFFICE Pharmacy Ops												
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION											
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">a. ADDRESSEE</th> <th colspan="2">b. COPIES</th> </tr> <tr> <td rowspan="2"></td> <td rowspan="2">Draft</td> <td colspan="2">Final</td> </tr> <tr> <td>Reg</td> <td>Repro</td> </tr> </table>		a. ADDRESSEE		b. COPIES			Draft	Final		Reg	Repro
a. ADDRESSEE		b. COPIES															
	Draft	Final															
		Reg	Repro														
<p>16. REMARKS</p> <p>FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Contract Start Date (OP1) Due Date: 20 calendar days after end of reporting period</p> <p>SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION</p> <p>PHI/PII: No FILE FORMAT: Microsoft Excel</p> <p>CONTENT DETAILS: The Expanded Use of MTF/TMOP Policy Override Report shall be submitted in the Contractor's format for assessment of the number of administrative overrides granted to fill a prescription at a retail network pharmacy.</p> <p>The Report shall have the ability to delineate beneficiaries over and under 65 years of age and include the following:</p> <ul style="list-style-type: none"> • Number of administrative overrides granted to fill a prescription at a retail network pharmacy. • Breakdown of the number of beneficiaries who have been granted multiple overrides since the start of the pilot. <p>In addition to the current reporting period, the report shall include the above data for all prior months within the current option period.</p> <p>The following requirements under F.2.1 apply: A, D</p>						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)											
												15. TOTAL → 0 0 0					
						G. PREPARED BY Fakhrudin Valibhai			H. DATE 8/31/2015		I. APPROVED BY William Blanche		J. DATE 8/31/2015				

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Performance Report										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M280	2. TITLE OF DATA ITEM Prescription Monitoring Program Region Report				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.9.4.2.8		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft	Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: 15 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Microsoft Excel CONTENT DETAILS: The contractor shall provide a monthly summary of all assigned beneficiaries restricted in their area. The report shall be submitted to DHA-POC via upload to the secure FTP server provided by the government, with notification to the COR. The government reserves the right to make modifications after 90 days. The data shall be provided in an Excel file with the fields requested below. - Current month restrictions: o Beneficiary Name o Beneficiary DEERS ID Number o Type of Request o Request Date o Requestor of Restriction o Restriction Start Date o Restriction Removal Date o Restriction Type o Beneficiary Category o Restricting MCSC Region o Pharmacy Name o Pharmacy NPI o Provider Name o Provider DEA o Provider NPI o Hospital Continued on next page						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Beth Spearman			H. DATE 01/18/2018		I. APPROVED BY William Blanche		J. DATE 01/18/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

- Beneficiary program restrictions to date

- o Beneficiary Name
- o Beneficiary DEERS ID Number
- o Restriction Status
- o Restriction Start Date
- o Restriction Removal Date
- o Restriction Type
- o Requestor of Restriction
- o Beneficiary Category
- o Restricting MCSC Region
- o Pharmacy Name
- o Pharmacy NPI
- o Provider Name
- o Provider DEA
- o Provider NPI
- o Hospital

- Non-restricted candidates:

- o Beneficiary Name
- o Beneficiary DEERS ID Number
- o Nomination Date
- o Beneficiary Category
- o Restricting MCSC Region
- o ESI Algorithm
- o Opioid Outliers
- o APAP (Acetaminophen)
- o Drug Cocktail
- o Suboxone & Opioids
- o MCSC Response
- o Previously Nominated
- o # of Nominations

- Non-compliant beneficiaries:

- o Beneficiary Name
- o Beneficiary DEERS ID Number
- o Restriction Start Date
- o Requestor of Restriction
- o Restriction Removal Date
- o Beneficiary Category
- o Restriction Type
- o Restricting MCSC Region
- o Pharmacy Name
- o Pharmacy NPI
- o Provider Name
- o Provider DEA
- o Provider NPI
- o Hospital
- o Status of DUR
- o Point of Service
- o Rx #
- o DEA Class
- o Date Dispensed/Rejected
- o New or Refill
- o Qty
- o Drug/Strength/Form

Continued on Next Page

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS *(Continued)*

- o Pharmacy NPI
- o Pharmacy
- o MTF Site
- o Provider NPI
- o Provider Name
- o # of Transactions

- data elements, a description, and an example

- change log to include change type, description of change, date identified, originator of change, and revision date

The following requirements under F.2.1 apply: A, B, C, D

CDRL M280 Prescription Monitoring Program Region Report

Contractor/Region:

Time Period:

[illegible]

								Authorized Pharmacy, Provider, and Hospital																					
Beneficiary Name	Beneficiary DEES ID	Restriction Start Date	Restriction Removal Date	Restriction Type	Requestor of Restriction	Beneficiary Category	Restricting MACS Region	Pharmacy Name (if applicable)	Pharmacy NPI (if applicable)	Provider Name	Provider DEA	Provider NPI	Hospital	Status of DUR	Point of Service	Rx #	DEA Class	Date Dispensed/Rejected	New or Refill	Qty	Drug/Strength/Form	Pharmacy NPI	Pharmacy	MTF Site	Provider NPI	Provider Name	# of Transactions		

Report Data Element	Description	Example
# of Nominations	Number of quarters a beneficiary was previously nominated in last 2 years	2
# of Transactions	Number of individual claims transactions attempted for a non-compliant beneficiary. For example, if the same claim was rejected 5 times on the same day by the same pharmacy, the transaction count would be 5 rather than repeating the same row 5 times on the report.	5
APAP (Acetaminophen)	Used to identify beneficiaries who reach certain thresholds. Many pain medications contain an opioid in combination with acetaminophen (i.e. Vicodin). Value is daily calculation, indicated in milligrams (mg)	5000
Beneficiary Category	Describes the status of a beneficiary -Active Duty -Active Duty Family Member -Non-Active Duty -Non-Active Duty Family Member -Retiree -Retiree Family Member	Active Duty
Beneficiary Name	Beneficiary Name	Doe, John
Date Dispensed or Attempted to Adjudicate if a Rejection Occurred	Fill date or attempted fill date for rejections	1/1/2014
DEA Class	A 1-character code describing the level of federal control of a DRUG, based on the degree of potential abuse, as determined by the DEA (Drug Enforcement Administration) 0-No Control 1-Research Only 2-High Abuse Potential 3-Medium Abuse Potential 4-Some Abuse Potential 5-Low Abuse Potential	3
DEERS ID Number	DEERS Patient Identifier	1234567891
Drug Cocktail	("Holy Trinity", "Las Vegas Cocktail", "Houston Cocktail") - Opioid + Soma + Xanax. Criteria must include a high dosage of Xanax (2mg or greater per day)	Yes No
Drug/Strength/Form	The label text of the drug being dispensed	ABILIFY 10 MG TABLET
ESI Algorithm	The score calculated by the ESI algorithm used to identify Prescription Restriction candidates. This score is a count of the number of controlled substance fills, prescribers, and filling pharmacies over a specified period of time.	38
Filling MTF Site	MTF that overrode the restriction, NA for non MTF claims	FT Hood
Hospital	Name of hospital where beneficiary may receive restricted drugs	
MCSC Region	The MCSC Region that originally requested a restriction be put in place	South - HUMANA
MCSC Response	The status of an MCSC's response an ESI nomination of a prescription restriction candidate. -No Response -Do Not Restrict	No Response
New or Refill	Describes if a fill is the first refill on an Rx or if it is a refill	New
Nomination Date	Date the beneficiary was nominated for the program	1/1/2014
Opioid Outliers	Determined by using a calculation which converts all opioid into an equivalent morphine equivalent dose ("MED"). Value is indicated by the count of applicable claims within the reporting period.	34
Pharmacy	Name of dispensing pharmacy	ABC Pharmacy
Pharmacy NPI	NPI number of dispensing pharmacy	2345678910
POS where Rejection was Experienced	Point of Service (POS) where a claim rejection occurred. Mail/Retail/MTF	Mail
Previously Nominated	Whether the beneficiary was previously nominated for the program	
Provider DEA	DEA of prescribing physician	AB1234567
Provider Name	Name of prescribing physician	John Physician
Provider NPI	NPI of prescribing physician	1234567891
Qty	Quantity of pills dispensed	30
Request Date	Date ESI received request	
Requestor of Restriction	Identifier or entity of restriction. -Beneficiary -ESI Algorithm -Fraud Tip -MCSC / DHA -MTF	ESI
Restriction Removal Date	Date restriction became invalid	2/1/2014
Restriction Start Date	Date restriction took effect	1/1/2014
Restriction Status	Status of the restriction -Active -Inactive	Active
Restriction Type	Originating reason of restriction -1-1-1 -100% Copay -Self Enrolled -Fraud Tip -MCSC/DHA -Self-Enrolled	ESI Algorithm
Rx #	A reference number assigned by a pharmacy for a dispensed drug/ product/service	123456789123
Status of DUR	The status of DUR associated with Prescription Monitoring -100%: The claim was filled with the patient paying 100% out of pocket. - Not Paid: The claim was not filled. -Override: The claim was filled despite the DUR warning. This only occurs at MTFs not reversing claims with " LK " DUR warning messages.	100% Not Paid Overriden
Suboxone & Opioids	Beneficiary has received multiple Suboxone and Opioids during the reporting period	Yes No
Type of Request	Describes the type of request -New -Modification -Override -Reinstatement -Removal	

[illegible]

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188							
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.													
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>									
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.								
1. DATA ITEM NO. M290	2. TITLE OF DATA ITEM MTF Prescription Monitoring Program Report				3. SUBTITLE Initial								
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.9.4.2.8.		6. REQUIRING OFFICE Pharmacy Ops								
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES Draft Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: 15 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Microsoft Excel CONTENT DETAILS: The contractor shall provide a monthly summary of all assigned beneficiaries restricted in their area and prescriber compliance. The report shall be submitted to DHA-POC via upload to the secure FTP server provided by the government, with notification to the COR. The data shall be provided in an Excel file with the fields requested below. The government reserves the right to make modifications after 90 days. • MTF prescribers that write for restricted beneficiaries that aren't assigned to them • MTF prescribers writing a high volume of Schedule II-V prescriptions • # of non-compliant beneficiaries - Current month restrictions: o Beneficiary Name o Beneficiary DEERS ID Number o Type of Request o Request Date o Requestor of Restriction o MTF POC o Restriction Start Date o Restriction Removal Date o Restriction Type o Beneficiary Category o Restricting Site o Restricting Site Branch of Service o Pharmacy Name o Pharmacy NPI o Provider Name o Provider DEA o Provider NPI Continued on next page						Distribute to each							
						MTF							
						15. TOTAL						0	0
						G. PREPARED BY Beth Spearman		H. DATE 01/18/2018		I. APPROVED BY William Blanche		J. DATE 01/18/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

o Hospital

- Beneficiary program restrictions to date

o Beneficiary Name

o Beneficiary DEERS ID Number

o Restriction Status

o Restriction Start Date

o Restriction Removal Date

o Restriction Type

o Requestor of Restriction

o MTF POC

o Beneficiary Category

o Restricting Site

o Restricting Site Branch of Service

o Pharmacy Name

o Pharmacy NPI

o Provider Name

o Provider DEA

o Provider NPI

o Hospital

- Non-restricted candidates:

o Beneficiary Name

o Beneficiary DEERS ID Number

o Nomination Date

o Beneficiary Category

o Restricting Site

o ESI Algorithm

o Opioid Outliers

o APAP (Acetaminophen)

o Drug Cocktail

o Suboxone & Opioids

o MTF Response

o Previously Nominated

o # of Nominations

-Non-compliant beneficiaries:

o Beneficiary Name

o Beneficiary DEERS ID Number

o Restriction Start Date

o Requestor of Restriction

o Restriction Removal Date

o Beneficiary Category

o Restriction Type

o Restricting Site

o Restricting Site Branch of Service

o Pharmacy Name

o Pharmacy NPI

o Provider Name

o Provider DEA

o Provider NPI

o Hospital

o Status of DUR

o Point of Service

o Rx #

Continued on next page

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

- o DEA Class
- o Date Dispensed/Rejected
- o New or Refill
- o Qty
- o Drug/Strength/Form
- o Pharmacy NPI
- o Pharmacy
- o MTF Site
- o Provider NPI
- o Provider Name
- o # of Transactions

- data elements, a description, and an example

- change log to include change type, description of change, date identified, originator of change, and revision date

The following requirements under F.2.1 apply: A, B, C, D

CDRL M290 MTF Prescription Monitoring Program Report

MTF:

Time Period:

MTF Prescribers that write for restricted beneficiaries not assigned to them:

MTF Prescribers that write a high volume of Schedule II-V Rxs:

of non-compliant beneficiaries:

[illegible]

[illegible]

									Authorized Pharmacy, Provider, and Hospital																			
Beneficiary Name	Beneficiary DEERS ID	Restriction Start Date	Restriction Removal Date	Restriction Type	Requestor of Restriction	Beneficiary Category	Restricting Site	Restricting Site Branch of Service	Pharmacy Name (if applicable)	Pharmacy NPI (if applicable)	Provider Name	Provider DEA	Provider NPI	Hospital	Status of DUR	Point of Service	Rx #	DEA Class	Date Dispensed/Rejected	New or Refill	Qty	Drug/Strength/Form	Pharmacy NPI	Pharmacy	MTF Site	Provider NPI	Provider Name	# of Transactions

[illegible]

Rejection Data Element	Description	Example
# of Nominations	Number of quarters a beneficiary was previously nominated in last 2 years	2
# of Schedule II - V Rxs	Number of individual Rxs for Schedule II - V drugs that a prescriber has written for a patient within the past 6 months.	5
# of Transactions	Number of individual claims transactions attempted for a non-compliant beneficiary. For example, if the same claim was rejected 5 times on the same day by the same pharmacy, the transaction count would be 5 rather than repeating the same row 5 times on the report.	5
APAP (Acetaminophen)	Used to identify beneficiaries who reach certain thresholds. Many pain medications contain an opioid in combination with acetaminophen (i.e. Vicodin). Value is daily calculation, indicated in milligrams (mg)	5000
Assigned Provider DEA	DEA of assigned prescribing physician if different from provider giving bene an RX	AB1234567
Assigned Provider Name	Name of assigned prescribing physician	John Physician
Assigned Provider NPI	NPI of assigned prescribing physician	1234567891
Beneficiary Category	Describes the status of a beneficiary -Active Duty -Active Duty Family Member -Non-Active Duty -Non-Active Duty Family Member -Retiree -Retiree Family Member	Active Duty
Beneficiary Name	Beneficiary Name	Doe, John
Date Dispensed or Attempted to Adjudicate if a Rejection Occurred DEA Class	Fill date or attempted fill date for rejections	41,640
	A 1-character code describing the level of federal control of a DRUG, based on the degree of potential abuse, as determined by the DEA (Drug Enforcement Administration) 0-No Control 1-Research Only 2-High Abuse Potential 3-Medium Abuse Potential 4-Some Abuse Potential 5-Low Abuse Potential	3
DEERS ID Number	DEERS Patient Identifier	1234567891
Drug Cocktail	("Holy Trinity", "Las Vegas Cocktail", "Houston Cocktail") Opioid + Soma + Xanax. Criteria must include a high dosage of Xanax (2mg or greater per day)	Yes No
Drug/Strength/Form	The label text of the drug being dispensed	ABILIFY 10 MG TABLET
ESI Algorithm	The score calculated by the ESI algorithm used to identify Prescription Restriction candidates. This score is a count of the number of controlled substance fills, prescribers, and filling pharmacies over a specified period of time.	38
Filling MTF Site	MTF that filled the non-compliant restriction, NA for non MTF claims	Ft Hood
Hospital	Name of hospital where beneficiary may receive restricted drugs	
MTF Response	The status of an MTF's response an ESI nomination of a prescription restriction candidate. -No Response -Do Not Restrict	No Response
MTF POC	POC of program at applicable MTF	
New or Refill	Describes if a fill is the first refill on an Rx or if it is a refill	New
Nomination Date	Date the beneficiary was nominated for the program	1/1/2014
Opioid Outliers	Determined by using a calculation which converts all opioid into an equivalent morphine equivalent dose ("MED"). Value is indicated by the count of applicable claims within the reporting period.	34
Pharmacy	Name of dispensing pharmacy	ABC Pharmacy
Pharmacy NPI	NPI number of dispensing pharmacy	2345678910
POS where Rejection was Experienced	Point of Service (POS) where a claim rejection occurred. Mail/ Retail/ MTF	Mail
Previously Nominated	Whether the beneficiary was previously nominated for the program	
Provider DEA	DEA of prescribing physician	AB1234567
Provider Name	Name of prescribing physician	John Physician
Provider NPI	NPI of prescribing physician	1234567891
Qty	Quantity of pills dispensed	30
Request Date	Date ESI received request	
Requestor of Restriction	Identifier or entity of restriction. -Beneficiary -ESI Algorithm -Fraud Tip -MCSC / DHA -MTF	ESI
Restriction Removal Date	Date restriction became invalid	2/1/2014
Restricting Site	MTF site restricting the beneficiary to its location	FT BRAGG
Restricting Site Branch of Service	Branch of Service affiliated with site	Army
Restriction Start Date	Date restriction took effect	1/1/2014
Restriction Status	Status of the restriction -Active -Inactive	Active
Restriction Type	Originating reason of restriction -1-1-1 -100% Copay -Self Enrolled -Fraud Tip -MCSC/DHA -Self-Enrolled	ESI Algorithm
Rx #	A reference number assigned by a pharmacy for a dispensed drug/product/service	123456789123
Status of DUR	The status of DUR associated with Prescription Monitoring -100%: The claim was filled with the patient paying 100% out of pocket. - Not Paid: The claim was not filled. -Overridden: The claim was filled despite the DUR warning. This only occurs at MTFs not reversing claims with "LK" DUR warning messages.	100% Not Paid Overridden
Suboxone & Opioids	Beneficiary has received multiple Suboxone and Opioids during the reporting period	Yes No
Type of Request	Describes the type of request -New -Modification -Override -Reinstatement -Removal	

[illegible]

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT A		C. CATEGORY: TDP _____ TM _____ OTHER Performance Report										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0003		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M300	2. TITLE OF DATA ITEM Auto Refill Dashboard				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE F.2.4.		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES Draft Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Monthly (The COR may direct the contractor to initiate weekly submissions at any time if the government feels closer monitoring of the contractor's performance is warranted.) Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: 25 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: PDF File CONTENT DETAILS: This report shall track the Rx auto refill and beneficiary activity as a result of the annual consent requirement for the auto refill mail order feature. The data shall, at a minimum, include the following: General summary containing the following data elements: Prescriptions Shipped: - number of Rx's shipped - number Auto Refill Shipped - percentage of auto refill shipped Participating Beneficiaries: - number of beneficiaries - number of auto refill beneficiaries - percentage of auto refill beneficiaries - number of auto refills per beneficiary Changed Dates: - number of auto refills shipped - number of beneficiaries who changed the date of their auto refill - percentage of tool Beneficiary Experience: - number of auto refill web complaints - list of top complaints (continued on page 2)						DHA EFT server								
						with notification								
						to CORs and								
						specified SMEs								
						15. TOTAL →						0	0	0
						G. PREPARED BY Fakhrudin Valibhai			H. DATE 10/25/2018		I. APPROVED BY William Blanche		J. DATE 10/25/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO. HT9402-14-D-0003	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

Beneficiary Experience:

- total number of web complaints
- percentage of auto refill web complaints
- number of calls per 1,000 Rx's
- percentage of auto refill calls

Annual Consent:

- number of auto refills renewal Rx's eligible for communication
- percentage of overall consent
- number and percentage of auto renewal Rx's with renew and keep enrolled consent
- number and percentage of auto renewal Rx's with renew only and disenroll consent
- number and percentage of auto renewal Rx's declined assistance
- number and percentage of auto renewal Rx's dis-enrolled due to no response (10 day grace period)
- number of auto renewal Rx's with proactive consent
- number and percentage of auto renewal Rx's with proactive renew and keep enrolled
- number and percentage of auto renewal Rx's with proactive renew only and disenroll consent
- number and percentage of auto renewal Rx's with proactive declined assistance
- top 10 disenrolled medications
- top 10 disenrolled meds due to no response
- number of Rx's disenrolled due to no response and later re-enrolled
- number of Rx's disenrolled due to no response and later re-filled again without auto refill

Communication:

- total number of consent requests
- total number of consent requests, 2nd attempt
- total outbound consent AOM: 1st attempt. Breakdown by live answer, answer machine, 3rd party, busy, no answer, invalid request, hang-up, wrong number, and do not contact
- total outbound consent AOM: 2nd attempt. Breakdown by live answer, answer machine, 3rd party, busy, no answer, invalid request, hang-up, wrong number, and do not contact
- total outbound consent email volume: 1st attempt. Breakdown by open, click, bounce, and not opened
- total outbound consent email volume: 2nd attempt. Breakdown by open, click, bounce, and not opened
- total outbound consent disenrolled email volume. Breakdown by open, click, and bounced
- definitions page

The following requirements under F.2.1. apply: A, B, C, D

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT A		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M310	2. TITLE OF DATA ITEM PDMP Overview Report				3. SUBTITLE REV 01/04/2021									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.9.4.4.3		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft	Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: 1st of the month following award of contract modification or date specified in the modification. Due Date: 20th calendar day of the month after end of reporting period. SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Microsoft Excel CONTENT DETAILS: This report shall track activity of MHS users to utilize and provide information to the PDMP exchange. The report shall disclose activity of state searches of the MHS PDMP. In addition to the current reporting period, the report shall include data for all months within the established year. Summary Level data - New registrations - Number of registered MHS Users - % of users who have logged in each month - # of Users who logged in that month - Total unique logins - Average logins per active user - Average # of queries per user - Total # of MHS PDMP searches by state PDMPs (returned data + no data) - Total # of MHS PDMP searches by integrated systems (returned data + no data) Summary Level data: State Search - Number of searches by state/by month (returned data and no data) - Total number of searches by month - Total number of searches by state - Number of searched by integrated system/by month (returned data and no data) - Total number of searches by month - Total number of searches by integrated system - User level data - Registered Users - list • Active in that month • Inactive in that month - Definitions page The following requirements under F.2.1. apply: A,B, C, D						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)								
												15. TOTAL		0 0 0
						G. PREPARED BY Melissa Pammer			H. DATE 01/04/2021		I. APPROVED BY Henry Gibbs		J. DATE 01/04/2021	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188						
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.												
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>								
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.							
1. DATA ITEM NO. M320	2. TITLE OF DATA ITEM Home Delivery Report				3. SUBTITLE Initial							
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE F.2.4.		6. REQUIRING OFFICE Pharmacy Ops							
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A	B	11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
				Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: 1st of the month following award of contract modification or date specified in the modification Due Date: 25 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: Excel file and PDF file CONTENT DETAILS: This report shall track the progress of the Home Delivery program and provide comparison data with retail and retail maintenance prescriptions during the same month. To include, at a minimum, the following: Separate dashboards for Home Delivery, Retail, and Retail Maintenance Growth: - CY graph showing growth year over year. To include 5 years worth of data. o # of unadjusted Rx's (rounded, in the thousands) by month - CY chart of the growth rate comparison o historic average growth rate (and definition) o growth rate percentage - month's growth versus the same month's growth the previous year o percentage change o YTD historic average growth rate, current month's growth rate, and % change - CY chart of Rx Comparison current year vs. previous year (rounded, in thousands) o number of current month's prescriptions o number of month's prescriptions for same month the previous year o delta in number of prescriptions o YTD # of total Rx's for current year, # of total Rx's for previous year, and delta of # Rx's o YTD average Rx's per week for current year, previous year, and delta o YTD average of Rx's per month for current year, previous year, and delta DoD My Rx Choices Reporting: - Maintenance Medications o # of target beneficiaries. Further broken down by letter, email, live call, and automated call o # of converted beneficiaries o beneficiary conversion rate (continued on page 2)					Submit through the							
					DHA e-Commerce							
					Extranet.							
					(Per TOM Ch 14 Sec 2)							
										15. TOTAL → 0 0 0		
					G. PREPARED BY Beth Spearman			H. DATE 06/30/2020		I. APPROVED BY Henry Gibbs		J. DATE 06/30/2020

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.	

16. REMARKS (Continued)

- o # of converted initial home delivery Rxs. Further broken down by % brand converted and % generic converted
- o # of refills
- o # of total home delivery fills (initial + refill)
- Specialty:
 - o # of target beneficiaries. Further broken down by letter, email, live call, and automated call
 - o # of converted beneficiaries
 - o beneficiary conversion rate
 - o # of converted initial home delivery Rxs. Further broken down by % brand converted and % generic converted
 - o # of refills
 - o # of total home delivery fills (initial + refill)
- Total
 - o # of target beneficiaries. Further broken down by letter, email, live call, and automated call.
 - o # of converted beneficiaries
 - o beneficiary conversion rate
 - o # of converted initial home delivery Rxs. Further broken down by % brand converted and % generic converted
 - o # of refills
 - o # of total home delivery fills (initial + refill)
- YTD Segmentation Summary
- definitions, methodology, and assumptions
- My Rx Choices Plan Cost Savings
 - Drug Flag (brand or generic), total plan cost savings at HD, # of Rxs, and plan cost savings per Rx
 - Combined plan cost savings per Rxs (broken out by generic and brand Rx)
 - MCC My Rx Choices Data: timeframe, # of My Rx Choices, MCC Admin Fee per conversion, and My Rx Choices MCC Admin Fee Cost
 - Plan Cost Savings including MCC (broken out by total savings and savings per Rx
 - methodology and assumptions
- My Rx Choices Plan Cost Savings per Rx - Trend:
 - Plan cost savings before MCC Admin Fee (broken down by month with latest 2 years of data)
 - o Plan Cost Savings per Brand Rx
 - o Generic Plan Cost Savings per Rx
 - o Total Plan Cost Savings per Rx
 - Total Plan Cost Savings per Rx (including MCC)
 - Chart depicting Brand Plan Cost Savings per HD Rx Transferred from Retail (not including MCC Admin Fee)
 - Chart depicting Generic Plan Cost Savings per HD Rx Transferred from Retail (not including MCC Admin Fee)
 - Chart depicting Total Plan Cost Savings per HD Rx Transferred from Retail (including MCC Admin Fee)

The following requirements under F.2.1 apply: A, B, C, D

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M330	2. TITLE OF DATA ITEM Compound Prescription Report				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.1.17		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES Draft Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification DUE DATE: 20 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: Excel File CONTENT DETAILS: The report shall assess the use of compounded medications, their associated costs and utilization at Purchased Care and MTF pharmacies. The report shall provide, at a minimum, the following information for the previous calendar month: - Plan cost vs. Rx count utilization trend - Average Rx cost utilization trend - Summary of top 20 pharmacies (all pharmacies) with highest plan costs and comparison to remaining population - Summary of top 20 MTF pharmacies with highest plan costs and comparison to remaining MTF population - Summary of top 20 Purchased Care pharmacies with highest plan costs and comparison to remaining Purchased Care population - Summary of ingredients for Purchased Care (drug name, unique utilizers, rx count, number of dispensing pharmacies, total disp qty, total cost, etc.) - Summary of ingredients for MTF (drug name, unique utilizers, rx count, number of dispensing pharmacies, total disp qty, total cost, etc.) - Claim detail of payment anomalies (no override) - Claim detail of payment anomalies (with override) The following requirements under F.2.1 apply: A, B, C, D						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL →						0	0	0
						G. PREPARED BY Fakhrudin Valibhai			H. DATE 10/18/18		I. APPROVED BY William Blanche		J. DATE 10/18/18	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188													
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____															
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.														
1. DATA ITEM NO. M340	2. TITLE OF DATA ITEM Retail Disputes Status and Summary Report				3. SUBTITLE Initial														
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE C.11.2.1		6. REQUIRING OFFICE Pharm Ops														
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION													
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">a. ADDRESSEE</th> <th colspan="3" style="text-align: left;">b. COPIES</th> </tr> <tr> <td></td> <td style="text-align: center;">Draft</td> <td style="text-align: center;">Final</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Reg</td> <td style="text-align: center;">Repro</td> <td></td> </tr> </table>		a. ADDRESSEE	b. COPIES				Draft	Final			Reg	Repro	
a. ADDRESSEE		b. COPIES																	
	Draft	Final																	
	Reg	Repro																	
<p>16. REMARKS</p> <p>FIRST SUBMISSION:</p> <p>Frequency: Monthly (Initially submit every other week on Friday until further notified. The bi-weekly submission will need to be submitted into the monthly period in which the bi-weekly due dates occur.)</p> <p>Reporting Period Start Date: Upon award of contract modification or date specified in the modification</p> <p>Due Date: For bi-weekly, 3 days after the end of the reporting period For monthly, 15 days after the end of the reporting period.</p> <p>SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION</p> <p>PHI/PII: No</p> <p>FILE FORMAT: Excel file</p> <p>CONTENT DETAILS. The report shall provide a summary of researched or audited claims to resolve manufacturer disputes in support of the TRICARE Retail Refunds Program. The report shall provide, at a minimum, the following information:</p> <ul style="list-style-type: none"> -Retail Disputes Summary including (File Summary, Summary Updates, Open issue Log Items and Claim Summary, etc.) -Claim Count Summary including a summary of the files received (along with claims received, claims not reported, closed audit, etc.) -Audit claim report overview (audit comments, audit date, claim number, brand name, dispense date, RX number, Qty, day supply, audit action, code label, new audit number, other coverage code, etc.) -Overview of codes and terms used -Issue log (item, date opened, priority, status, owner, description, latest update, required action, etc.) 						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2) and notification to COR and Specified SMEs													
						15. TOTAL →						0	0	0					
G. PREPARED BY Fakhrudin Valibhai			H. DATE 01/09/2019		I. APPROVED BY William Blanche		J. DATE 01/09/2019												

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.					
1. DATA ITEM NO. M350	2. TITLE OF DATA ITEM DEERS Query Report for RTPB				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.10.5		6. REQUIRING OFFICE DHA/Pharm Ops					
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Monthly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES		
16. REMARKS First SUBMISSION: Frequency: Monthly Reporting Period Start Date: Upon award of contract modification or date specified in the modification Due Date: 20 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: Excel file CONTENT DETAILS: This report shall identify the number of DEERS queries (CCEA DEERS Call Volume) per month associated with Real Time Prescription Benefits (RTPB). The government reserves the right to adjust the report and data elements after receiving the first report. This report shall include, at a minimum, the following: - Monthly query volume trends - Hourly queries by day of the week consolidated per month - Number of unique users (prescribers) - Change in the number of unique users from prior month - Revision log and definitions tab In addition to the current reporting period, the summary tab shall include the above data for all prior months within the current option period. The following requirements under F.2.1 apply: A, B, C, D						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)				
						15. TOTAL				
G. PREPARED BY Beth Spearman			H. DATE 03/29/2019		I. APPROVED BY William Blanche		J. DATE 03/29/2019			

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

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D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. M360	2. TITLE OF DATA ITEM Generic Market Pricing Report				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.11.8		6. REQUIRING OFFICE Pharm Ops									
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES Draft Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Upon award of contract modification or date specified in the modification Due Date: 20 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: For each month, provide a report showing offer summary with accepted, decline, and expired offers, The report will also include offer history, accepted offer tracking, savings summary, and savings details. This report shall identify and track all offers, offer status, claims volume approved and dispensed, per month and per offer, associated with Generic Market Pricing, and cost savings per quarter. The report shall be formatted in accordance with the example provided in Attachment A. Reports shall include Revision log and definitions tab The government reserves the right to adjust the report and data elements after receiving the first report. Template is attached with updates provided by the government as required. The following requirements under F.2.1 apply: A, D						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)								
						15. TOTAL →						0	0	0
						G. PREPARED BY Beth Spearman			H. DATE 06/30/2020		I. APPROVED BY Henry Gibbs		J. DATE 06/30/2020	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188											
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.																	
A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____													
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.												
1. DATA ITEM NO. M370	2. TITLE OF DATA ITEM 4th Tier Claim Rejection Report				3. SUBTITLE Initial												
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.10.4.3		6. REQUIRING OFFICE Pharmacy Ops												
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION											
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	Draft	Final															
		Reg	Repro														
16. REMARKS FIRST SUBMISSION: Frequency: Monthly Reporting Period Start Date: Upon award of contract modification or date specified in the modification Due Date: 25 calendar days after the end of the reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Excel file The intent of this report is to allow the Formulary Management Branch to assess the impact of Tier 4 drug placement, allowing for the evaluation of the transition of beneficiaries to a covered medication and the number of appeals and their associated outcome. CONTENT DETAILS: The report shall assess the number and impact of beneficiaries who have received a claim rejection, resulting from a not covered drug (Tier 4) edit that shows a preferred formulary alternative or no subsequent record of a covered formulary alternative filled or processed in the patient profile after receiving the reject. The report shall track the first rejected claim (regardless of when the reject occurs post placement of the medication to Tier 4) for a preferred NDC within 120 days of rejected claim for the not-covered drug. The report should have at a minimum, the following information: 1) Summary charts and graphs broken out with (a) with total beneficiaries impacted (b) beneficiaries who received communication (i.e. letter) (c) beneficiaries who did not receive communication. The summary charts should contain at a minimum the following broken out by month a) total number and percentages of rejects broken out by drug name and point of service b) total number and percentages of successful claims for switches to any alternative per the DHA UF classes drug list broken out by the rejected drug and point of service Continued on Page 2				Submit through the													
				DHA e-Commerce													
				Extranet.													
				(Per TOM Ch 14 Sec 2)													
				15. TOTAL		→		0	0	0							
				G. PREPARED BY Teisha Robertson		H. DATE 06/30/2020		I. APPROVED BY Henry Gibbs		J. DATE 06/30/2020							

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER _____	
D. SYSTEM/ITEM		E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

- 2) Claim detail report
- a) DEERS ID
 - b) Date of first reject
 - c) beneficiary communication (yes or no)
 - d) 4th tier reject NDC
 - e) 4th tier reject drug name
 - f) 4th label name (drug name and strength)
 - g) point of service
 - h) paid claim with preferred NDC (yes or no)
 - i) date of service on paid claim
 - j) preferred NDC with paid claim
 - k) preferred drug name
 - l) count of times beneficiary attempted to obtain the rejected drug
 - m) date of last attempt if the beneficiary attempted to obtain the rejected drug more than once
 - n) level 1 appeal received (yes or no)
 - o) level 2 appeal received (yes or no)
 - p) OGC approval date
 - q) Date COR notified (if OGC approved)
- 3) Definitions tab to include a statement intent and synopsis of the report
- The following requirements under F.2.1 apply: A, B, C, D, E

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. Q010	2. TITLE OF DATA ITEM Paper Claims Aging Report				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.4.2		6. REQUIRING OFFICE TMA/Pharm Ops									
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
16. REMARKS Block 10: Monthly for the first three months of Option Period 1, quarterly thereafter. The COR may direct the contractor to resume monthly submission at any time if the government feels closer monitoring of the contractor's performance is warranted. Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month following the end of the previous month or quarter. Report shall be submitted in Microsoft Excel format to assess paper claims processing performance. Report shall include: - Total paper claims received - Number processed in 7, 14, 21, 28, 28+ calendar days - Number & percentage exceeding 14 and 28 processing metrics - Total paper claims approved, denied and returned - Top 10 reasons for denied and returned claims - Volumes of Network and Non-Network claims received, with breakouts for OHI In addition to the current reporting period, the report shall include the above data for all prior months within the current option period. The following requirements under F.2.1 apply: A, D, E						TMA E-Commerce								
						Extranet								
						15. TOTAL →						0	0	0
						G. PREPARED BY Beth Spearman		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013		

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. Q020	2. TITLE OF DATA ITEM Denied/Appealed Paper Claims Report				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.4.2		6. REQUIRING OFFICE TMA/Pharm Ops									
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						Extranet								
						15. TOTAL →						0	0	0
						G. PREPARED BY Beth Spearman		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013		

17. PRICE GROUP

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TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

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D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR													
1. DATA ITEM NO. Q030	2. TITLE OF DATA ITEM Mail Order Pharmacy Prescription Report				3. SUBTITLE													
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.1.3		6. REQUIRING OFFICE TMA/Pharm Ops													
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION												
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					Extranet													
					15. TOTAL →					0	0	0						
					G. PREPARED BY Fakhrudin Valibhai			H. DATE 1/25/2013		I. APPROVED BY William Blanche		J. DATE 1/25/2013						

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

Quarterly frequency applies to the submission of the report to the government- within the report, all metrics shall be presented on a monthly basis.

In addition to the current reporting period, the report shall include the above data for all prior months within the current option period.

The following requirements under F.2.1 apply: A, D, E

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>											
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. Q040	2. TITLE OF DATA ITEM Mail Order Pharmacy Reship Report				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.3.4		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
<p>16. REMARKS</p> <p>Block 12: 10th calendar day of the month following the start of pharmacy services</p> <p>Block 13: 10th calendar day of the month following the end of the previous month or quarter.</p> <p>The contractor shall provide a summary data on reshipped TMOP orders, with the total number of occurrences and sub-totals by month.</p> <p>Date fields include:</p> <ol style="list-style-type: none"> Return reason/description If a Contractor error resulted in the re-shipment If a re-shipment to the beneficiary occurred Financial impact to the Contractor Financial impact to the Government (administrative fees) Financial impact to the beneficiary (copays) If the result of the issue was a reversal or cancellation Replenishment Impact Additional administrative fees charged Medication involved with the re-shipment (Drug name & NDC) <p>The contractor will also provide detail-level information at the request of the government, including beneficiary ID and zip code.</p> <p>Quarterly frequency applies to the submission of the report to the government—within the report, all metrics shall be presented on a monthly basis.</p> <p>The following requirements under F.2.1 apply: A, B, D</p>				E-Commerce							
				Extranet							
				15. TOTAL				0	0	0	
				G. PREPARED BY Fakhrudin Valibhai		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188							
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.													
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>									
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR								
1. DATA ITEM NO. Q050	2. TITLE OF DATA ITEM Quality Control Report				3. SUBTITLE								
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.6		6. REQUIRING OFFICE TMA/Pharm Ops								
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A	B	11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE							
				b. COPIES									
16. REMARKS Block 10: Monthly for the first three months of Option Period 1, quarterly thereafter. The COR may direct the contractor to resume monthly submission at any time if the government feels closer monitoring of the contractor's performance is warranted. Block 12: 10th calendar day of the second month following the start of pharmacy services Block 13: 10th calendar day of the month following the end of the previous month or quarter. Report shall be submitted in Microsoft Excel format to report dispensing defects and errors within the Mail Order Pharmacy, including Specialty Pharmacy. Defects and Errors, as defined in Attachment J-1. Report shall include the following: - Dispensing facility (if multiple) - Type of error (dispensing error, shipping error) - Corrective action taken - Results/follow-up from previous corrective action. Report shall also include detail data on: - Total Prescription Dispensed from the MOP - Total Number of Defects and description of defect type - Total Number of Errors and description of error type - Explanation of any trends or anomalies affecting errors or defects. - % Shipped Without Errors Quarterly frequency applies to the submission of the report to the government- within the report, all metrics shall be presented on a monthly basis. In addition to the current reporting period, the report shall include the above data for all prior months within the current option period. The following requirements under F.2.1 apply: A, D, E						TMA E-Commerce							
						Extranet							
						15. TOTAL						0	0
						G. PREPARED BY Fakhurdin Valibai		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS (Continued)

Detail Data:

- A breakdown by drugs, specialty drug class, type of interaction (e.g., completed clinical assessment, questions about treatment and adverse reactions, etc) and patient level information for all beneficiaries who are enrolled and who have opted out of this program during the reporting period.
- Provide the type of clinical interactions performed per beneficiary and if the interaction was initiated by the contractor or the beneficiary.
- Provide a tabulation of clinical interactions and the outcomes associated with these clinical interactions.
- Provide the reasons given by beneficiaries for opting out of this program
- Provide by specialty drug class associated costs for prescriptions dispensed to enrolled beneficiaries and those beneficiaries who have opted out.
- Provide an adherence analysis with an explanation of methodology.
- Provide a breakdown of the top 25 speciality drugs at each point of service by cost and number of prescriptions filled.
- Provide the top 25 pharmacies by number of prescriptions filled.

Quarterly frequency applies to the submission of the report to the government- within the report, all metrics shall be presented by calendar month from the start of the Option Period.

The following requirements under F.2.1 apply: A, D, E

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Data File							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. Q070	2. TITLE OF DATA ITEM Call Center Utilizers Report				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A		5. CONTRACT REFERENCE C.10.1.1			6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 11: Last day of the contract quarter Block 12: 15th calendar day of the month following the end of the first contract quarter of Option Period 1 Block 13: 15th calendar day of the month following the end of each contract quarter Block 14: Secure FTP Server, with notification to COR The file shall be submitted in text delimited format and shall include all beneficiaries who have contacted the beneficiary service center in the preceding contract quarter. The contractor shall provide written notice to the COR when the report has been placed on the government specified secure web site. The report shall include the following fields: - Beneficiary name - Date of contact - DEERS Patient ID number - Date of birth - Telephone number. The following requirements under F.2.1 apply: C, D				Draft		Final					
				15. TOTAL				0		0	
				G. PREPARED BY Beth Spearman		H. DATE 3/14/2013		I. APPROVED BY William Blanche		J. DATE 3/13/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER Data File
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.											
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Data File							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. Q080	2. TITLE OF DATA ITEM Mail Order Pharmacy Utilizers Report				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.1.3		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 11: Last day of the contract quarter Block 12: 15th calendar day of the month following the end of the first contract quarter of Option Period 1 Block 13: 15th calendar day of the month following the end of each contract quarter Block 14: Secure FTP Server, with notification to COR File shall be submitted in text delimited format and shall include all beneficiaries who have submitted a prescription order to the mail order pharmacy in the preceding contract quarter, including all filled and unfilled orders, except those unfilled orders rejected for OHI. The report shall include the following fields: - Beneficiary name - Date of service - DEERS Patient ID number - Date of birth - Telephone number. The following requirements under F.2.1 apply: C, D											
				15. TOTAL				0	0	0	
				G. PREPARED BY Beth Spearman		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER Data File
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

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Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188						
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.												
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>								
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.							
1. DATA ITEM NO. Q090	2. TITLE OF DATA ITEM Clinical and Administrative Review Report				3. SUBTITLE REV on 05/26/2016							
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.9.1.9.		6. REQUIRING OFFICE Pharmacy Ops							
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE N/A	B	11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
				Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Monthly (For the first three months) Reporting Period Start Date: Start of service delivery Due Date: 10 calendar days after end of reporting period SUBSEQUENT SUBMISSION: Frequency: Quarterly (Option Period) (The COR may direct the contractor to resume monthly submission at any time if the government feels closer monitoring of the contractor's performance is warranted.) Reporting Period Start Date: Second Quarter Due Date: 10 calendar days after end of reporting period PHI/PII: Yes FILE FORMAT: Microsoft Excel CONTENT DETAILS: Report shall be submitted in MS Excel format with all clinical review actions, including: Summary Data: Point of service Total reviews request received during option period (clinical, appeals, administrative) Breakdown of clinical PAs by electronic, manual, and placement only PAs Total clinical review requests received (not including appeals) during reporting period by type (e.g. PA, MN, Step-therapy, brand over generic, 703 retail restriction) Total number of appeals received during reporting period Total number of administrative reviews received during reporting period by automated and non-automated overrides; this breakdown should also be provided for electronic and non-electronic requests (excluding placed PAs) - Requests for each type processed in 5 days (total and percentage) - Requests for each type processed in 10 days (total and percentage) - Requests for each type processed 5 days (total) - Requests for each type processed 10 days (total) - Total Clinical Review requests billed to CLINs X011 and X012. <div style="text-align: center;">Continued on Page 2</div>					Submit through the							
					DHA e-Commerce							
					Extranet.							
					(Per TOM Ch 14 Sec 2)							
					15. TOTAL					0	0	0
					G. PREPARED BY Fakhrudin Valibhai		H. DATE 5/26/2016		I. APPROVED BY William Blanche		J. DATE 5/26/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

Detail Data:

- Patient Identifier
- Override received date
- Override completed date
- Drug Name & P&T Class
- Outcome (e.g formulary change, override denial, pended claims)
- Specific reason(s) for approvals and denial
- Effective Date
- Expiration Date
- Type of review performed (e.g. clinical, administrative, appeals)
- PA identifier (Used to locate the PA within the contractor's system or PDTS)
- NCPDP Override Code & Override Type Description
- Reconsiderations and appeals, with corresponding outcomes
- PA mechanism- electronic, non-electronic or placed PA
- Point of Service

Quarterly frequency applies to the submission of the report to the government- within the report, all metrics shall be presented by calendar month.

The following requirements under F.2.1. apply: A, B, D, E

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.					
1. DATA ITEM NO. Q100	2. TITLE OF DATA ITEM Prescription Monitoring Program Summary Report				3. SUBTITLE REV on 01/18/2018					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.9.4.2.7 & TOM, Ch 28, Sec. 1		6. REQUIRING OFFICE Pharmacy Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16	14. DISTRIBUTION						
8. APP CODE N/A		11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16	a. ADDRESSEE		b. COPIES				
						Draft	Final Reg Repro			
16. REMARKS FIRST SUBMISSION: Frequency: Quarterly (Option Period) Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: 15 calendar days after end of reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION (The COR may direct monthly submission anytime the government feels closer monitoring of the contractor's performance is warranted.) PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: The government reserves the right to make modifications after 90 days. A report shall be submitted in tabular form, including the following: - Summary data: # of Restrictions Added # of Restrictions Removed # of Restrictions Modified # of Restriction Overrides - # of Beneficiaries with Purchased Care Overrides - # of Beneficiaries with MTF Overrides # of Restriction Reinstatements # of Restrictions Active # of Restrictions Inactive # of Beneficiaries Identified # of Beneficiaries Clinically Approved # of Beneficiaries Unconfirmed # of Beneficiaries not in Compliance with Restrictions - MTF Override - MTF Rejection - Pharmacy Override - Pharmacy Rejection -Beneficiary program restrictions to date o Type of Request o Restriction Status o Restriction Type o Requestor of Restriction Continued on next page				Submit through the						
				DHA e-Commerce						
				Extranet.						
				(Per TOM Ch 14 Sec 2)						
				15. TOTAL				0	0	0
				G. PREPARED BY Beth Spearman			H. DATE 01/18/2018	I. APPROVED BY William Blanche		J. DATE 01/18/2018

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

- o Beneficiary Category
- o Restricting Site/MCSC Region
- o Restricting Site Branch of Service

- MTF Compliance
- o MTF Filling Site
- o YTD Non-Compliant Overrides
- o YTD Non-Compliant Rejections
- o % Non-Compliant

- data elements, a description, and an example

- change log to include change type, description of change, date identified, originator of change, and revision date

In addition to the current reporting period, summary data in the report shall include the data for all prior months.

The following requirements under F.2.1 apply: A, B, C, D

Q100 Prescription Monitoring Program Summary Report

Time Period:

Summary	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	PTD
Number of Restrictions Added													
Number of Restrictions Removed													
Number of Restrictions Modified													
Number of Restriction Overrides													
# of Beneficiaries with Purchased Care Overrides													
# of Beneficiaries with MTF Overrides													
Number of Restriction Reinstatements													
Total Number of Restrictions Active													
Total Number of Restrictions Inactive													
Number of Beneficiaries Identified													
Number of Beneficiaries Clinically Approved													
Number of Beneficiaries Unconfirmed													
# of Beneficiaries not in Compliance with Restrictions													
MTF override													
MTF rejection													
Pharmacy override													
Pharmacy rejection													

[illegible]

MTF Compliance Summary

As of

Filling MTF Site	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	YTD Non-Compliant Overrides	YTD Non-Compliant Rejections	% Non-Compliant
ALTUS															
BARKSDALE															
BEALE															
BEAUFORT															
BREMERTON															
BUCKLEY AFB															
CAMP CARROL															
CAMP CASEY															
CAMP HUMPHREYS															
CAMP LEJEUNE															
CAMP PENDLETON															
CAMP WALKER															
CHARLESTON AFB															
CHARLESTON NH															
CHERRY POINT															
CHESAPEAKE															
CHULA VISTA															
COLUMBUS															
CORPUS CHRISTI															
DAVIS MONTHAN															
DOVER															
DYESS															
EDWARDS															
ELLSWORTH															
ELMENDORF															
EVERETT															
FAIRCHILD															
FT. BENNING															
FT. BLISS															
FT. BRAGG															
FT. CAMPBELL															
FT. CARSON															
FT. DRUM															
FT. EUSTIS															
FT. GORDON															
FT. HOOD															
FT. HUACHUCA															
FT. IRWIN															
FT. JACKSON															
FT. KNOX															
FT. LEAVENWORTH															
FT. LEE															
FT. LEONARD WOOD															
FT. LEWIS															
FT. POLK															
FT. RILEY															
FT. RUCKER															
FT. SAM HOUSTON															
FT. SILL															
FT. STEWART															
FT. WAINWRIGHT															
FT. WORTH															

GRAFENWOEHR																	
GREAT LAKES																	
GROTON																	
HICKAM																	
HILL																	
HUNTER AIR FIELD																	
JACKSONVILLE																	
KEESLER																	
KINGS BAY																	
LACKLAND																	
LAKENHEATH																	
LANDSTUHL																	
LANGLEY																	
LEMOORE																	
LITTLE ROCK																	
LOS ANGELES																	
LUKE																	
MACDILL																	
MALMSTROM																	
MAYPORT																	
MCCONNELL																	
MINOT																	
MOODY																	
MOUNTAIN HOME																	
NCA-ABERDEEN																	
NCA-ANDREWS																	
NCA-ANNAPOLIS																	
NCA-BETHESDA																	
NCA-BOLLING																	
NCA-CARLISLE																	
NCA-FAIRFAX																	
NCA-FT BELVOIR																	
NCA-FT MEADE																	
NCA-FT MYER																	
NCA-QUANTICO																	
NCA-WASH DC DTHC																	
NCA-WOODBRIDGE																	
NELLIS																	
NEWPORT																	
NORFOLK																	
NORFOLK - LITTLE CREEK																	
OAK HARBOR																	
OFFUTT																	
OKINAWA																	
OSAN																	
PANAMA CITY																	
PARRIS ISLAND																	
PATRICK																	
PEARL HARBOR																	
PENSACOLA																	
PETERSON																	
PIKES PEAK JOINT RPC																	
POPE																	
PORTSMOUTH NMC																	
PORTSMOUTH NMC, VA																	
RANDOLPH																	

REDSTONE ARSENAL																
ROBINS																
SAN DIEGO - 32ND ST NAVAL STATION																
SAN DIEGO - CLAIREMONT																
SAN DIEGO - MIRAMAR																
SAN DIEGO - TOC EL																
SAN DIEGO NMC																
SCHOFIELD BARRACKS																
SCOTT																
SHAW																
SIGNORELLA																
TINKER																
TRAVIS																
TRIPLER																
USAF ACADEMY																
USAH - YONGSAN																
WARREN																
WEST POINT																
WIESBADEN																
YONGSAN CLINIC																
WHITEMAN																
YOKOSUKA																
YUMA																

Methodology

- Monthly breakdown displays the number of claims filled at each MTF with an overridden restriction within the month.
- YTD Non-Compliant Records displays the total number of claims filled at each MTF with an overridden restriction.
- YTD Compliant Records displays the total number of claims rejected at each MTF in accordance with beneficiary restrictions.
- % Non-Compliant shows the number of compliant claims processed at each MTF for the year. (YTD Non-Compliant Records/(Cont YTD Non-Compliant + YTD Compliant Records)).

Report Data Element	Description	Example
# of Transactions	Number of individual claims transactions attempted for a non-compliant beneficiary. For example, if the same claim was rejected 5 times on the same day by the same pharmacy, the transaction count would be 5 rather than repeating the same row 5 times on the report.	5
# of Unconfirmed nominations	Total number of unconfirmed nominations made within the past 180 days.	1,000
# of Beneficiaries not in compliance with restrictions	The unique number of beneficiaries not in compliance	1,000
% of Beneficiaries with Purchased Care Overrides	Displays the percentage of beneficiaries that filled Rx at retail pharmacy due to call to ESI helpdesk	
% of Beneficiaries with MTF Overrides	Percentage of beneficiaries that filled Rx through another MTF by override	
% Non-Compliant	Displays the number of compliant claims processed at each MTF for the year. CALCULATION: Cont YTD Non-Compliant Records / (Cont YTD Non-Compliant + Cont YTD Compliant Records)	50%
Authorized Provider	Name of authorized physician	John Physician
Beneficiary Category	Describes the status of a beneficiary -Active Duty -Active Duty Family Member -Non-Active Duty -Non-Active Duty Family Member -Retiree -Retiree Family Member	Active Duty
Beneficiary Name	Beneficiary Name	Doe, John
Date Dispensed or Attempted to Adjudicate if a Rejection Occurred	Fill date or attempted fill date for rejections	41,640
DEA Class	A 1-character code describing the level of federal control of a DRUG, based on the degree of potential abuse, as determined by the DEA (Drug Enforcement Administration) 0-No Control 1-Research Only 2-High Abuse Potential 3-Medium Abuse Potential 4-Some Abuse Potential 5-Low Abuse Potential	3
DEERS ID Number	DEERS Patient Identifier	1234567891
Details of the Restriction	Details of a restriction, including the Pharmacy/Prescriber/MTF/ER to which a beneficiary is limited	ABC Pharmacy/Jones, Jane, MD/Portsmouth/SSM St. Clare
Drug/Strength/Form	The label text of the drug being dispensed	ABUPRY 10 MG TABLET
ESI Algorithm	The score calculated by the ESI algorithm used to identify Prescription Restriction candidates. This score is a count of the number of controlled substance fills, prescribers, and filling pharmacies over a specified period of time.	38
Filing MTF Site	MTF that filled the non-compliant restriction, NA for non MTF claims	Fl Hood
MCSC Response	The status of an MCSC's response an ESI nomination of a prescription restriction candidate. -No Response -Do Not Restrict	No Response
MTF POC	MTF point of contact and/or initiator of restriction	
MTF Responsible for Override	MTF that overrode the restriction, NA for non MTF claims	Fl Hood
MTF Restriction Type	Type I Lock - Restrict all meds for a beneficiary to a specific pharmacy or list of pharmacies and/or providers or list of providers. Type II Lock - Restrict controlled meds for a beneficiary to a specific pharmacy or list of pharmacies and/or providers or list of providers. Type III Lock - Exclude controlled substances and/or specific noncontrolled substance(s) from a beneficiary at the mail order or retail pharmacies.	
New or Refill	Describes if a fill is the first refill on an Rx or if it is a refill	New
Nomination Date	The date that a candidate was sent to an MCSC for restriction confirmation.	1/1/2015
Number of Beneficiaries Clinically Approved	The number of beneficiaries identified as potential candidates by ESI algorithm but determined by provider and medical officer to medically warrant level of Rx use.	1,000
Number of Beneficiaries Identified	The unique number of beneficiaries with identified as potential candidates for PMP program within the past 180 days.	1,000
Number of Beneficiaries Unconfirmed	The number of beneficiaries identified as potential candidates by ESI algorithm but whose status remains unconfirmed or not reviewed.	1,000
Number of Restrictions Added	The number of beneficiaries that had restrictions added during the reporting period. Quarterly data broken out per applicable month.	1,000
Number of Restrictions Modified	The number of beneficiaries that had restrictions modified during the reporting period. Quarterly data broken out per applicable month.	1,000
Number of Restrictions Removed	The number of beneficiaries that had restrictions removed during the reporting period. Quarterly data broken out per applicable month.	1,000
Number of Unconfirmed Nominations	The number unconfirmed nominations made within the past 180 days (includes duplicate counts when a beneficiary was nominated more than one time)	1,000
Number of Restriction Overrides	The number of beneficiaries that had restrictions overridden during the reporting period. Quarterly data broken out per applicable month.	1,000
Number of Restriction Reinstatements	The number of beneficiaries that had restrictions reinstated during the reporting period. Quarterly data broken out per applicable month.	1,000
Pharmacy	Name of dispensing pharmacy	ABC Pharmacy
Pharmacy NPI	NPI number of dispensing pharmacy	2345678910
POS where Rejection was Experienced	Point of Service (POS) where a claim rejection occurred. Mail/Retail/MTF	Mail
Provider DEA	DEA of prescribing physician	AB1234567
Provider Name	Name of prescribing physician	John Physician
Provider NPI	NPI of prescribing physician	1234567891
Qty	Quantity of pills dispensed	30
Request Date	Date ESI received request	
Requestor	Identifier of requestor of action	
Requestor of Restriction	Identifier or entity of restriction. -Beneficiary -ESI Algorithm -Fraud Tip -MCSC / DNA -MTF	ESI
Restricting Site / MCSC Region	The MTF or MCSC Region that originally requested a restriction be put in place	Fl Hood
Restricting Site Branch of Service	The branch of service of the restricting MTF	Army
Restriction Removal Date	Date restriction became invalid	2/1/2014
Restriction Start Date	Date restriction took effect	1/1/2014
Restriction Status	Status of the restriction -Active -Inactive	Active
Restriction Type	Originating reason of restriction -1-1-1 -100% Copy -Self Enrolled -MTF Lock Type (See description below) -Fraud Tip -MCSC/DNA -Self-Enrolled	ESI Algorithm
Rx#	A reference number assigned by a pharmacy for a dispensed drug/product/service	123456789123
Servicing MCSC	The name of the MCSC that is responsible for confirming a restriction on a beneficiary.	Humana
Status of DUR	The status of DUR associated with Prescription Monitoring -Accepted: The claim was not filled OR was filled with the patient paying 100% out of pocket depending on the type of restriction. -Override: The claim was filled despite the DUR warning. This only occurs at MTFs not reversing claims with "LK" DUR warning messages.	Accepted Override
Total Number of Active Restrictions	The total number of currently active restrictions within the program.	1,000
Total Number of Inactive Restrictions	The total number of restrictions that have been terminated within the program.	1,000
Type of Request	Describes the type of request -New -Modification -Override -Reinstatement -Removal	
YTD Non-Compliant Rejections	Displays the total number of claims rejected at each MTF in accordance with beneficiary restrictions.	1,000
YTD Non-Compliant Overrides	Displays the total number of claims filled at each MTF with an overridden restriction.	1,000

[illegible]

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D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR													
1. DATA ITEM NO. Q110	2. TITLE OF DATA ITEM Beneficiary Services Report				3. SUBTITLE													
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.10.1.14		6. REQUIRING OFFICE TMA/Pharm Ops													
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION												
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						Extranet												
						15. TOTAL						0	0	0				
G. PREPARED BY Vendela Jordan		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013												

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

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D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. Q120	2. TITLE OF DATA ITEM Pharmacy Help Desk Report				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.10.2.3		6. REQUIRING OFFICE TMA/Pharm Ops									
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1. DATA ITEM NO. Q130	2. TITLE OF DATA ITEM Explanation of Benefits (EOB) Report				3. SUBTITLE REV on 4/16/2015						
4. AUTHORITY (Data Acquisition Document No.) N/A		5. CONTRACT REFERENCE C.10.1.13			6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 10: Monthly for the first two submissions, quarterly thereafter. The COR may direct monthly submission anytime the government feels closer monitoring of the contractor's performance is warranted. Block 12: 10th calendar day of the month following the first EOB notification Block 13: If quarterly, the 10th of the month following each quarterly mailing. If monthly, the 10th calendar day of the month following the end of the previous month. Report shall be submitted in Microsoft Excel format to assess EOB delivery performance. Report shall include: - Volume of all EOBs generated, divided into categories for electronic and mail delivery - Volume of mailed EOBs returned undeliverable - Volume of electronic EOB notifications returned undeliverable - Volume of electronic EOBs accessed - Calls generated by EOBs - Number of fraud and abuse cases identified through EOBs - Value of identified fraud and abuse cases Quarterly frequency applies to the submission of the report to the government-within the report, all metrics shall be presented by calendar month. In addition to the current reporting period, the report shall include the above data for all prior months within the current option period. The following requirements under F.2.1 apply: A, D, E				TMA E-Commerce							
				Extranet							
				15. TOTAL				→		0	0
				G. PREPARED BY Natalie Jones		H. DATE 4/16/2015		I. APPROVED BY William Blanche		J. DATE 4/16/2015	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188	
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>							
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>			
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR		
1. DATA ITEM NO. Q140	2. TITLE OF DATA ITEM Retail Prescription Conversion Report				3. SUBTITLE		
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.7.2		6. REQUIRING OFFICE TMA/Pharm Ops		
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly	12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION		
8. APP CODE N/A		11. AS OF DATE O	13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES	
						Draft	Final
						Reg	Repro
16. REMARKS Block 12: 10th calendar day of the month following the end of the first contract quarter of Option Period 1 Block 13: 10th calendar day of the month following the end of the contract quarter Report shall document the prescription transfers facilitated by the contractor from a retail network pharmacy to an MTF or the TRICARE Mail Order and verify that they meet the requirements for the receiving the conversion fee. Summary Report: - Number of beneficiaries contacted - Number of beneficiaries agreed to transfer prescriptions - Number of prescriptions transferred - Number of unsuccessful transfers Detail Report: - Prescription Number - Patient Identifier - Brand and Generic Drug Name - NDC - Brand or Generic Indicator - Date transfer requested by beneficiary - Source of Beneficiary Request (phone, web) - Point of Service transferred to (MTF or MOP or Specialty Mail) - Date of last retail fill - Date of interaction with prescriber to facilitate transfer - Type of interaction with prescriber (e.g., call, fax) - Date transfer completed - Date first dispensed by MTF or MOP Quarterly frequency applies to the submission of the report to the government- within the report, all metrics shall be presented on a monthly basis. The following requirements under F.2.1 apply: C, D, E					Submitted to COR with DD250		
G. PREPARED BY Beth Spearman		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188										
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>																
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Data File</u>												
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR											
1. DATA ITEM NO. Q150	2. TITLE OF DATA ITEM Mail Order Pharmacy Partial Fill Report				3. SUBTITLE											
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.7.4		6. REQUIRING OFFICE TMA/Pharm Ops											
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION										
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">a. ADDRESSEE</th> <th colspan="3" style="text-align: left;">b. COPIES</th> </tr> <tr> <td rowspan="2"></td> <td rowspan="2" style="text-align: center;">Draft</td> <td colspan="2" style="text-align: center;">Final</td> </tr> <tr> <td style="text-align: center;">Reg</td> <td style="text-align: center;">Repro</td> </tr> </table>		a. ADDRESSEE	b. COPIES				Draft	Final		Reg
a. ADDRESSEE	b. COPIES															
	Draft	Final														
		Reg	Repro													
16. REMARKS Block 10: Monthly for the first three months of Option Period 1, quarterly thereafter. The COR may direct monthly submission anytime the government feels closer monitoring of the contractor's performance is warranted. Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month following the end of the previous month or quarter. Report shall provide summary and claim-level detail on medications dispensed by the Mail Order Pharmacy as partial shipments. Summary: - # of Partial Fills Shipped - Drug Name - Prescription fulfillment vs non-fulfillment - # of Copayments Collected - # of utilizers Detail - Beneficiary ID - Prescription Number - Medication Name - Original Quantity - Quantity Dispensed - Date Dispensed Quarterly frequency applies to the submission of the report to the government-within the report, all metrics shall be presented by calendar month. In addition to the current reporting period, the report shall include the summary data for all prior months within the current option period. The following requirements under F.2.1 apply: A, B, C, D						TMA E-Commerce										
						Extranet										
						15. TOTAL →						0	0	0		
						G. PREPARED BY Fakhrudin Valibai			H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013			

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER Data File
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

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Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST <i>(1 Data Item)</i>						Form Approved OMB No. 0704-0188								
<small>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</small>														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Financial Report										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. Q160	2. TITLE OF DATA ITEM TED Summary Report			3. SUBTITLE										
4. AUTHORITY (<i>Data Acquisition Document No.</i>) N/A			5. CONTRACT REFERENCE C.15.2.3			6. REQUIRING OFFICE TMA/Pharm Ops								
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	Draft	Final Reg Repro						
16. REMARKS Block 12: 20th day after the end of the first contract quarter Block 13: 20th day after the end of each contract quarter The contractor shall submit a report for each TEDs record accepted. For each CLIN generating a TED, the report will include total claims processed under that CLIN and total cost for all claims processed under that CLIN, for each of the following: 1) Each calendar month of performance. 2) Each option period of performance (including to date totals for current option period). 3) Each government fiscal year of performance (including to date totals for current year). The report shall be submitted in Microsoft Excel format. The following requirements under F.2.1 apply: A, D						TMA E-Commerce								
						Extranet								
						15. TOTAL →						0	0	0
						G. PREPARED BY Beth Spearman			H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER Financial Report
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

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Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188													
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>															
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR														
1. DATA ITEM NO. Q170	2. TITLE OF DATA ITEM CHCBP Monitoring Report				3. SUBTITLE														
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE TPM Ch 10 Sect 4.1/TOM Ch 23 Sect 3			6. REQUIRING OFFICE TMA/Pharm Ops													
7. DD 250 REQ NO	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION													
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 60%;">a. ADDRESSEE</td> <td colspan="3">b. COPIES</td> </tr> <tr> <td>Draft</td> <td>Final</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Reg</td> <td>Repro</td> </tr> </table>			a. ADDRESSEE	b. COPIES			Draft	Final				Reg	Repro
a. ADDRESSEE	b. COPIES																		
	Draft	Final																	
		Reg	Repro																
16. REMARKS Block 10: Monthly for the first three months of Option Period 1, quarterly thereafter. The COR may direct monthly submission anytime the government feels closer monitoring of the contractor's performance is warranted. Block 12: 10th calendar day of the month following the start of pharmacy services Block 13: 10th calendar day of the month following the end of the previous month or quarter. The contractor shall submit a report on the outcome of its coordination process with the CHCBP contractor, as described in TOM, Chapter 23, Section 3. The report shall include the following: - Date file received from CHCBP Contractor - Date pharmacy contractor finished profile updates for all beneficiaries meeting CHCBP cat caps - Date contractor completed issuing refunds of all excess copayments collected - Number of beneficiaries newly identified by CHCBP contractor as having met CHCBP cat cap - Total number of beneficiaries identified by CHCBP contractor as having met CHCBP cat cap - Number of beneficiaries newly identified in contractor's system as having met CHCBP cat cap - Total Number of beneficiaries identified in pharmacy contractor's system as having met CHCBP cat cap - Number of beneficiaries who paid copayments in excess of cat cap - Number of recoupment actions undertaken against beneficiaries who showed uncollected copays after a CHCBP cat cap correction was received Quarterly frequency applies to the submission of the report to the government- within the report, all metrics shall be presented by calendar month for all months within the current option period. The following requirements under F.2.1 apply: A, B, D						Submit through the													
						TMA E-commerce													
						Extranet													
						15. TOTAL →						0	0	0					
G. PREPARED BY Beth Spearman		H. DATE 2/22/2013		I. APPROVED BY William Blanche		J. DATE 2/22/2013													

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. Q180	2. TITLE OF DATA ITEM Quality Review Program Report				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE TOM Ch 1, Section 4, Para 4.3/C.11.1.1		6. REQUIRING OFFICE TMA/Pharm Ops									
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
16. REMARKS Block 11: See Requirements in Chapter 1, Section 4, Paragraph 4.3 of the TRICARE Operations Manual Block 12: See Requirements in Chapter 1, Section 4, Paragraph 4.3 of the TRICARE Operations Manual Block 13: See Requirements in Chapter 1, Section 4, Paragraph 4.3 of the TRICARE Operations Manual Report shall meet criteria in the TRICARE Operations Manual, Chapter 1, Section 4, Paragraph 4.3. The report shall also include sample size and error rates in each category in tabular form and categorize errors by type. Report shall verify that sample size requirements have been met, describe research conducted to identify root causes for errors and describe plans to reduce error rates, if appropriate. The following requirements under F.2.1 apply: A, D, E						TMA E-Commerce								
						Extranet								
						15. TOTAL						0	0	0
						G. PREPARED BY Beth Spearman		H. DATE 2/5/2013		I. APPROVED BY William Blanche		J. DATE 2/5/2013		

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188			
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.									
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>					
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR				
1. DATA ITEM NO. Q190	2. TITLE OF DATA ITEM Other Health Insurance Development Report				3. SUBTITLE				
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.2.1		6. REQUIRING OFFICE TMA/Pharm Ops				
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION			
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES		
16. REMARKS				TMA E-Commerce Extranet		Draft	Final		
							Reg	Repro	
<p>Block 10: Monthly for the first three months of Option Period 1, quarterly thereafter. The COR may direct monthly submission anytime the government feels closer monitoring of the contractor's performance is warranted.</p> <p>Block 12: 10th calendar day of the month following the start of pharmacy services</p> <p>Block 13: 10th calendar day of the month following the end of the previous month or quarter.</p> <p>Report shall be submitted in Microsoft Excel format and contain summary data on the development of OHI, to include:</p> <ul style="list-style-type: none"> - New potential OHI cases identified - Letters sent to beneficiary requesting OHI info - Completed Forms Returned (total and percentage) - Responses Confirming OHI (total and percentage) - Responses Denying OHI (total and percentage) - Beneficiary Records with OHI Flag Added <ul style="list-style-type: none"> - System generated flags (based on COB) - Manual flags - Beneficiary Records with OHI Flag Removed - Placeholders built out - Full records built out <p>Quarterly frequency applies to the submission of the report to the government—within the report, all metrics shall be presented by calendar month.</p> <p>In addition to the current reporting period, the report shall include the above data for all prior months within the current option period.</p> <p>The following requirements under F.2.1 apply: A, D, E</p>									
								15. TOTAL	
G. PREPARED BY Beth Spearman		H. DATE 2/5/2013		I. APPROVED BY William Blanche		J. DATE 2/5/2013			

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188	
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>			
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR		
1. DATA ITEM NO. Q200	2. TITLE OF DATA ITEM Plan Cost vs. Commercial Plans Report				3. SUBTITLE		
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.8		6. REQUIRING OFFICE TMA/Pharm Ops		
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Quarterly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION	
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES
16. REMARKS Block 12: 20th calendar day following the end of the first contract quarter. Block 13: 20th calendar day of the month following the end of the previous month or quarter. The contractor will provide a quarterly report which provides a comparison of key performance indicators to commercial insurance plan(s) which is similar to TRICARE's pharmacy benefit on a quarterly basis. The report should follow the standard format the contractor utilizes for its commercial plans and the data should be presented using the following range: LOW (First Quartile) = 25% of clients fall below this value. MEDIUM (Median) = 50% of clients fall below this value and 50% fall above this value. HIGH (Third Quartile) = 25% of clients fall above this value. The report should also include the following performance indicators: Overall Performance: Plan Cost PMPM differentiated by Mail, Retail and MTF Plan Cost PUPM differentiated by Mail, Retail and MTF Rx Measures: Rx PMPM Average Plan Cost/Rx, Mbr Contribution/Rx, AWP/Rx, Days Supply/Rx differentiated by Retail, Mail, and MTF. Average Plan Cost/Day differentiated by Retail, Mail, and MTF % Member Contribution differentiated by Retail and Mail. Rx Sources: Differentiated by Mail, Retail, MTF, and Member Submitted Rx's Rx Types: % and Average Plan Cost/Rx Single-Source Brand Rx's differentiated by Mail, Retail and MTF % and Average Plan Cost/Rx Multi-Source Brand Rx's differentiated by Mail,				TMA E-Commerce			
				Extranet			
				15. TOTAL			
G. PREPARED BY Fakhurdin Valibai		H. DATE 3/25/2013		I. APPROVED BY William Blanche		J. DATE 3/27/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS (Continued)

Retail and MTF

% and Average Plan Cost/Rx Generic Rx's differentiated by Mail, Retail and MTF

% Formulary Rx's differentiated by Mail, Retail and MTF

% DAW Rx's differentiated by Mail, Retail and MTF

% Generic Conversion differentiated by Mail and Retail

Demographics:

Average Age

% Male

% Female

% Active Duty

The report should indicate the percent change from the previous report period for the key performance indicators and also include:

Total Plan Cost differentiated by Retail, Mail, and MTF

Total member Contribution differentiated by Retail, Mail, and MTF.

Total Rx Count differentiated by Retail, Mail, MTF and Member Submitted Rx's.

The following requirements under F.2.1 apply: A, D

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. Q210	2. TITLE OF DATA ITEM Fraud & Abuse Summary Report				3. SUBTITLE REV on 04/28/2016									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 4		6. REQUIRING OFFICE Program Integrity (PI)									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
							Draft	Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Quarterly (Calendar Quarter) Reporting Period Start Date: First day of the quarter following contract modification or date specified in the modification Due Date: 30 calendar days after end of reporting period SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Microsoft Excel CONTENT DETAILS: The Fraud and Abuse Summary Report shall be submitted to DHA Program Integrity (PI) to include: 1. Fraud/Abuse Workload Summary 2. Program Integrity Cost Avoidance and Recovery/Recoupments 3. Program Integrity Eligibility Recoupment Status Include in the fourth quarter report an addendum which identifies potential fraud cases as a result of the use of antifraud software. (The anti-fraud software requirement is not applicable to TDEFIC.) Also include in the fourth quarter an addendum which identifies total dollar data for the year (i.e. roll-up) for each category reported in the Program Integrity Cost Avoidance & Recover/Recoupments. Upon request, provide back-up data to support all savings reported (i.e. beneficiaries name, claim numbers, payment verification, accounting data, etc.). Template is attached with updates provided by the government as required.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL →						0	0	0
						G. PREPARED BY Cindy Roegner			H. DATE 04/28/2016		I. APPROVED BY John Marchlowska		J. DATE 04/28/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

Fraud/Abuse Workload Summary

Contractor:

Calendar Year/Quarter:

Reporting Period Ended:

		TOTAL
PREPAYMENT REVIEW	Providers	
	Beneficiaries	

Attach a list of beneficiary/provider names under prepayment review

CASES	Opened	
	Closed	
	Referred to DHA-PI	

Attach a list of open/closed/referred cases

LEADS	Opened	
	Closed	

BALANCE BILLING	
VIOLATION OF PARTICIPATION AGREEMENT	

ADMINISTRATIVE ACTIONS	Education Letters	
	Recoupments	
	Pre-Pay Review	
	Post-Pay Review	
	Referred to State, Local Authorities	

For Internal Use Only. Not to be released outside the Government without consent from DHA Program Integrity.

The Contractor attests, by submission of this form, that all data provided is true and accurate as of the date of submission

Program Integrity Cost Avoidance and Recovery/Recoupments

Contractor:

Calendar Year/Quarter:

COST AVOIDANCE

Prepayment Review Denials - Providers	Amount
TOTAL	\$

Prepayment Duplicate Denials	Amount
TOTAL	\$

Rebundling	Amount
TOTAL	\$ -

Sanctioned Provider Denials	Amount
TOTAL	\$ -

Prepayment Review Denials - Beneficiaries	Amount
TOTAL	\$

Claim Check Mutually Exclusive	Amount
TOTAL	\$ -

Other Prepay	Amount	Description
TOTAL	\$ -	

PBM Prepay Desk Audit	Amount
TOTAL	\$ -

For Internal Use Only. Not to be released outside the Government without consent from DHA Program Integrity.

The Contractor attests, by submission of this form, that all data provided is true and accurate as of the date of submission

Program Integrity Cost Avoidance and Recovery/Recoupments

Contractor:

Calendar Year/Quarter:

RECOVERIES AND RECOUPMENTS

Post Duplicate Denials	Amount
TOTAL	\$ -

OHI	Amount
TOTAL	\$ -

Recoupments	Initiated	Collected
TOTAL	\$ -	\$ -

Offsets	Amount
TOTAL	\$ -

Violation of Part Agreement	Amount
TOTAL	\$ -

PBM Postpay Desk Audit	Amount
TOTAL	\$ -

Balance Billing Violation	Amount
TOTAL	\$ -

PBM Postpay Field Audit	Amount
TOTAL	\$ -

Other Postpay Recoveries	Amount	Category
TOTAL	\$ -	

Return on Investment	Amount
A) Total Cost Avoidance	\$ -
B) Total Recoveries and Recoupments	\$ -

ROI Calculation (A+B-C) / C	\$ -
------------------------------------	-------------

Return on Investment - Costs	Amount
1. Labor Costs (Salaries, Benefits, Consultants, etc)	
2. Sub-contracting Costs	
3. Overhead Costs (Building expenses, Utilities, etc)	
4. Administrative Costs (Supplies, Association Fees, etc)	
5. Travel and Training Costs	
6. Technology Costs (Equipment, AntiFraud Software, etc)	
7. Other Miscellaneous Costs	
C) TOTAL COSTS	\$ -

For Internal Use Only. Not to be released outside the Government without consent from DHA Program Integrity.

The Contractor attests, by submission of this form, that all data provided is true and accurate as of the date of submission

Program Integrity Eligibility Recoupment Status

Contractor:

Quarter:

Beneficiaries		Recoupments		
# Eligibility Changes Reported by DMDC	# With Eligibility Recoupments	Requested	Recovered/Refunded	Transferred to DHA

For Internal Use Only. Not to be released outside the Government without consent from DHA Program Integrity.
The Contractor attests, by submission of this form, that all data provided is true and accurate as of the date of submission

DHA Program Integrity Definitions

Requirement: TOM Chapter 13, Section 4

•Reporting to DHA-PI shall be the potential dollar amounts saved as a result of the activities/intervention of the anti-fraud/investigative units and additional cost avoidance/savings that are deemed reportable.

•Savings shall not be reported in more than one category

1. **PREPAYMENT REVIEW:** Prepayment review is conducted by the contractor (or their subcontractor) and involves flagging the claims submitted by a beneficiary or provider prior to adjudication for auditing purposes to ensure the claims are payable.

For the purpose of reporting pre-payment for providers and beneficiaries, this is the total denied dollars/services for the providers and/or beneficiaries that are on Program Integrity Prepayment Review for the reporting period. Reported pre-payment review dollars do not include denials for other reasons but do include only those denied due to Program Integrity actions as identified in 32 CFR 199.9.

2. **RECOUPMENT and OFFSETS:** Action taken by the contractor to collect funds for erroneous payments when Government funds are involved, such as issuance of a duplicate payment or payment for services provided to an individual later determined to be ineligible for benefits. Report these dollars in two separate categories.

Note 1: Report recoupment dollar savings in TWO separate categories:

*Recoupments Initiated AND Actual Dollars Recouped during reporting period

Note 2: Report offsets collected in separate category.

Note 3: Do not include Post Pay Duplicate Savings in this Recoupments category.

3. **OTHER HEALTH INSURANCE (OHI):** OHI is any health insurance received through an employer or private insurance program. Any OHI in addition to TRICARE coverage is considered to be primary health insurance.

Note: Only report savings if failure to report OHI is part of a PI investigation or related activity.

4. **VIOLATION OF PARTICIPATION AGREEMENTS (VOP):** A breach of provider participation that results in the beneficiary being billed for amounts which exceed the allowable charge (less copays, deductibles, or non-covered items) is an example of fraud. As such, it is a violation of federal law for a participating provider to attempt to collect an amount in excess of the CMAC/TMAC. Report VOP separately from balance billing category below.
5. **BALANCE BILLING (BB):** It is a violation of federal law for a non-participating provider to attempt to collect an amount in excess of 115 percent of the CMAC/TMAC. Providers who do accept assignment may not balance bill. Providers do not have to participate in TRICARE to be subject to the Federal law.
6. **OTHER PI COST AVOIDANCE (to include PI EDITS):** Cost Avoidance attributable to edits implemented by PI unit or other PI initiated actions/recommendations. (Must be annotated in F/A Summary Report)

7. **SANCTIONED PROVIDER DENIALS:** Any claim denied because provider is in a sanctioned status. These providers shall be reported to DHA-PI if they attempt to file claims while in sanctioned status.
8. **CLAIMS AUDITING SOFTWARE (COST AVOIDANCE):** ClaimCheck or equivalent: A claims auditing software is used to ensure correct coding on all claims (e.g., rebundling, mutually exclusive procedures, etc.). Categorize by EDIT TYPE and Report by Edit Type; Rebundling and Mutually Exclusive
9. **PREPAYMENT DUPLICATE DENIALS (COST AVOIDANCE):** Prepayment duplicate cost avoidance refers to duplicate claims that were identified before the claim was processed and paid. The cost avoidance reported will be the amount that would have paid on the duplicate claim. Do not report Amount Billed.
10. **POSTPAYMENT DUPLICATE DENIAL:** Post payment duplicate denial refers to duplicate claims identified after the claim processed and paid. The recoveries would be the amount recouped/offset.
11. **CASE DEFINITION:** Investigation in which suspected fraud/abuse has been substantiated to such an extent that it appears to be a candidate for referral to DHA-PI under TOM, Chapter 13, Section 3.0, OR suspected fraud/abuse matters that have been substantiated to the point of being categorized as a case but do not conform to DHA-PI dollar referral threshold and are handled administratively under TOM, Chapter 13, Section 3.0. (Substantiate-to establish by proof or competent evidence)

Note: DHA-PI will not consider hotline reports; beneficiary complaints; or proactive/preliminary data mining a case for referral and/or reporting purposes until a contractor reaches the point where the suspected fraud/abuse has been substantiated.

12. **LEAD:** A tool used by DHA-PI or the contractor PI units to acquire information. Leads may originate from any external/internal source. A lead can be either reactive or proactive in nature. Proactive leads are the result of self-initiated research (queries of the Patient Encounter Processing & Reporting system, reviewing news sources; reviewing provider advertisements, identify internet research, etc.) to identify suspect providers. Reactive leads are the result of responding to information and requests from external sources (requests for investigative assistance, etc.).

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188		
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.								
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>				
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.			
1. DATA ITEM NO. Q220	2. TITLE OF DATA ITEM Step Therapy Enhancement Report				3. SUBTITLE REV on 03/27/2018			
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.9.3		6. REQUIRING OFFICE Pharmacy Ops			
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16	14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16	a. ADDRESSEE		b. COPIES		
						Draft	Final Reg Repro	
16. REMARKS FIRST SUBMISSION: Frequency: Quarterly (Option Period) Reporting Period Start Date: Start of service delivery Due Date: 30 calendar days after end of reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: Microsoft Excel The intent of this program is to reach out to beneficiaries who have received a claim rejection resulting from a step-therapy edit and who show no subsequent history of a preferred or non-preferred agent in their system-wide profile after receiving the reject. The report should include but not limited to: 1) List of step therapy edits included in this program 2) The number and type of interventions performed by step therapy edit per quarter a. The number of intervention defined by the number of times outreach was made to a beneficiary. b. Type of intervention defined by nature of outreach (letters, phone calls) 3) The number of unique beneficiaries by step therapy edit per quarter 4) The number of successful cases by step therapy edit per quarter. a. Successful cases defined by a positive history of a preferred or non-preferred agent within 30 days after an intervention was made. 5) Rate of success by step therapy edit per quarter. 6) Total number of successful claims transactions for step therapy not requiring a PA review by step therapy edit per quarter. 7) Total number of claim rejections for step therapy requiring a PA approval by step therapy edit per quarter. 8) Total number of PA reviews resulting in an approval and a denial by step therapy edit per quarter. Quarterly frequency applies to the submission of the report to the government-within the report, all metrics shall be presented by calendar month. The report shall include the above data for all prior months within the current option period. The following requirements under F.2.1 apply: A, D				Submit through the				
				DHA e-Commerce				
				Extranet.				
				(Per TOM Ch 14 Sec 2)				
15. TOTAL		→		0	0	0		
G. PREPARED BY Fakhrudin Valibhai		H. DATE 03/27/2018		I. APPROVED BY William Blanche		J. DATE 03/27/2018		

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.											
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.						
1. DATA ITEM NO. Q230	2. TITLE OF DATA ITEM Medication Adherence Pilot Summary Report				3. SUBTITLE REV on 10/24/2017						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE Tom, Ch. 18, Sec. 22		6. REQUIRING OFFICE Pharmacy Ops						
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16	14. DISTRIBUTION							
8. APP CODE N/A	B	11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16	a. ADDRESSEE		b. COPIES					
						Draft	Final Reg Repro				
16. REMARKS FIRST SUBMISSION: Frequency: Monthly (For the first three months) Reporting Period Start Date: Upon contract modification or date specified in the contract Due Date: 10 calendar days after end of reporting period SUBSEQUENT SUBMISSION: Frequency: Quarterly (Option Period) (The COR may direct the contractor to resume monthly submission at any time if the government feels closer monitoring of the contractor's performance is warranted.) Reporting Period Start Date: Second Quarter Due Date: 10 calendar days after end of reporting period PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: The COR reserves the right to edit the content of the report within the first 90 days of the first submission. The contractor shall submit a report on the outcome of adjustments made to beneficiaries' catastrophic caps as a result of the Medication Adherence Pilot. To Include: Summary Data: - Total number of prescriptions - Number of catcap updates applied - Monetary amount applied to catcap - Number of unique utilizers Details: - Breakdown of catcap updates by drug - NDC Number - Drug Name - Number of catcap updates applied - definition tab of data elements and description - change log to include change type, description of change, date identified, originator of change, and revision date CONTINUED ON PAGE 2.				Submit through the							
				DHA e-Commerce							
				Extranet.							
				(Per TOM Ch 14 Sec 2)							
				15. TOTAL				0	0	0	
				G. PREPARED BY Fakhrudin Valibhai		H. DATE 10/24/2017		I. APPROVED BY William Blanche		J. DATE 10/24/2017	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS *(Continued)*

Quarterly frequency applies to the submission of the report to the government- within the report, all metrics shall be presented by calendar month for all months within the current option period.

The following requirements under F.2.1. apply: A, B, C, D

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>										
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.					
1. DATA ITEM NO. Q240	2. TITLE OF DATA ITEM Prescription Monitoring Program Utilizer Report				3. SUBTITLE REV on 04/30/2018					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.9.4.5. & TOM, Ch 28, Sec. 1			6. REQUIRING OFFICE Pharmacy Ops				
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES		
						Draft	Final Reg Repro			
16. REMARKS FIRST SUBMISSION: Frequency: Quarterly (Calendar Year) Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: 15 calendar days after the end of reporting period (The COR may direct monthly submission anytime the government feels closer monitoring of the contractor's performance is warranted.) SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Microsoft Excel CONTENT DETAILS: The government reserves the right to make modifications after 90 days. A report shall be submitted in tabular form, to include but not limited to the following: - Beneficiary program restrictions to date o Beneficiary Name o Beneficiary DEERS ID Number o Restriction Status o Restriction Start Date o Restriction Removal Date o Requestor of Restriction o MTF POC o Beneficiary Category o Restricting Site/MCSC Region o Restricting Site Branch of Service o Pharmacy Name o Restriction Type o Pharmacy NPI o Provider Name o Provider DEA o Provider NPI o Hospital Continued on next page						Submit through the				
						DHA e-Commerce				
						Extranet.				
						(Per TOM Ch 14 Sec 2)				
						& MTF Sole				
						Provider				
						Program Point of				
						Contacts				
						15. TOTAL		→		0
G. PREPARED BY Beth Spearman			H. DATE 04/30/2018		I. APPROVED BY William Blanche		J. DATE 04/30/2018			

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

- Non-restricted candidates:
 - o Beneficiary Name
 - o Beneficiary DEERS ID Number
 - o Nomination Date
 - o Beneficiary Category
 - o Restricting Site/MCSC Region
 - o ESI Algorithm
 - o Opioid Outliers
 - o APAP (Acetaminophen)
 - o Drug Cocktail
 - o Suboxone & Opioids
 - o MTF or MCSC Response
 - o Previously Nominated
 - o # of Nominations

- Beneficiaries not in compliance with restrictions
 - o Beneficiary Name
 - o Beneficiary DEERS ID Number
 - o Restriction Start Date
 - o Requestor of Restriction
 - o Restriction Removal Date
 - o Beneficiary Category
 - o Restriction Type
 - o Restricting Site/MCSC Region
 - o MTF POC
 - o Pharmacy Name
 - o Pharmacy NPI
 - o Provider Name
 - o Provider DEA
 - o Provider NPI
 - o Hospital
 - o Status of DUR
 - o Point of Service
 - o Rx #
 - o DEA Class
 - o Date Dispensed/Rejected
 - o New or Refill
 - o Qty
 - o Drug/Strength/Form
 - o Pharmacy NPI
 - o Pharmacy
 - o MTF Site
 - o Provider NPI
 - o Provider Name
 - o # of Transactions

- data elements, a description, and an example
- change log to include change type, description of change, date identified, originator of change, and revision date

The following requirements under F.2.1 apply: A, B, C, D

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. Q250	2. TITLE OF DATA ITEM Eligibility Recoupment Status Report				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 5		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
16. REMARKS FIRST SUBMISSION: Frequency: Quarterly (Calendar Quarter) (With a monthly breakout of data. The COR may direct the contractor to monthly submissions at any time if the government feels closer monitoring of the contractor's performance is warranted.) Reporting Period Start Date: First day of the quarter following contract modification Due Date: 30 calendar days after end of reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: This report shall track ESI efforts to recoupment monies based on beneficiary ineligibility. Beneficiaries: - number of Eligibility changes reported by DMDC - number of eligibility recoupments Recoupments: - Requested - Recovered/Refunded - Transferred to DHA - definitions page The following requirements under F.2.1. apply: A, B, C, D						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Beth Spearman			H. DATE 08/10/2018		I. APPROVED BY William Blanche		J. DATE 08/10/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>										
A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. A010	2. TITLE OF DATA ITEM MOU with PDTs Contractor				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.3.1		6. REQUIRING OFFICE TMA/Pharm Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Annual		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES			
16. REMARKS Block 12: No later than 90 days after contract award. Block 13: Within 1 year of previous submission, the contractor shall submitted an updated MOU or notification to the government that the MOU has been reviewed and no updates were required. The contractor shall establish a Memorandum of Understanding (MOU) with Pharmacy Data Transaction Service (PDTs) Contractor and submit to the Government. The MOU will be reviewed annually. The following requirements under F.2.1 apply: A				TMA E-Commerce						
				Extranet						
				15. TOTAL				0	0	0
				G. PREPARED BY Beth Spearman		H. DATE 1/10/2013		I. APPROVED BY William Blanche		J. DATE 1/10/2013

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A011	2. TITLE OF DATA ITEM MOU with DHMSM Contractor				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.3.1.		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
					Draft	Final Reg Repro								
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: Start of Initial Operating Capability (IOC) Due Date: 30 calendar days before IOC SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: Start of service delivery Due Date: Within 1 year of previous submission, the contractor shall submitted an updated MOU or notification to the government that the MOU has been reviewed and no updates were required. PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The Contractor shall establish a Memorandum of Understanding (MOU) with Defense Healthcare Management Systems Modernization (DHMSM) Contractor and submit to the Government. The MOU will be reviewed annually. The following requirements under F.2.1 apply: A						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL →						0	0	0
						G. PREPARED BY Natalie Jones			H. DATE 5/26/2016		I. APPROVED BY Bill Blanche		J. DATE 5/26/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188	
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>							
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>			
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.		
1. DATA ITEM NO. A023	2. TITLE OF DATA ITEM MOU with Humana (T17 East Contractor)				3. SUBTITLE Initial		
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.3.1.		6. REQUIRING OFFICE Pharmacy Ops		
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16	14. DISTRIBUTION			
8. APP CODE N/A		11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16	a. ADDRESSEE		b. COPIES	
						Draft	Final
						Reg	Repro
<p>16. REMARKS</p> <p>FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: Contract Award Due Date: 90 calendar days after contract award</p> <p>SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: Start of service delivery Due Date: Within 1 year of previous submission, the contractor shall submit an updated MOU or notification to the government that the MOU has been reviewed and no updates were required.</p> <p>PHI/PII: No FILE FORMAT: No specific file format required</p> <p>CONTENT DETAILS: The Contractor shall establish a Memorandum of Understanding (MOU) with each regional Managed Care Support Contractor (MCSC) for the purpose of addressing necessary cooperation, exchange of information, and points of contact for such things as program integrity issue, clinical support programs (including coordination of care for patients who are enrolled in case management under a medical contractor), third-party liability, and claims jurisdiction issues. The MOU will address the frequency and format of pharmacy utilization data provided to the MCSC by the contractor.</p> <p>The following requirements under F.2.1 apply: A</p>				Submit through the			
				DHA e-Commerce			
				Extranet.			
				(Per TOM Ch 14 Sec 2)			
15. TOTAL				0		0	0
G. PREPARED BY Beth Spearman			H. DATE 08/29/2018		I. APPROVED BY William Blanche		J. DATE 08/29/2018

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A024	2. TITLE OF DATA ITEM MOU with HealthNet (T17 West Contractor)				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.3.1.		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: Contract Award Due Date: 90 calendar days after contract award SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: Start of service delivery Due Date: Within 1 year of previous submission, the contractor shall submit an updated MOU or notification to the government that the MOU has been reviewed and no updates were required. PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The Contractor shall establish a Memorandum of Understanding (MOU) with each regional Managed Care Support Contractor (MCSC) for the purpose of addressing necessary cooperation, exchange of information, and points of contact for such things as program integrity issue, clinical support programs (including coordination of care for patients who are enrolled in case management under a medical contractor), third-party liability, and claims jurisdiction issues. The MOU will address the frequency and format of pharmacy utilization data provided to the MCSC by the contractor. The following requirements under F.2.1 apply: A						Draft		Final						
						15. TOTAL						0	0	0
						G. PREPARED BY Beth Spearman			H. DATE 08/29/2018		I. APPROVED BY William Blanche		J. DATE 08/29/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.											
A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. A030	2. TITLE OF DATA ITEM MOU with BE&S				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.3.1		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY One-Time		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 12: Within 30 days of the meeting with BE&S described in TOM, Chapter 1, Section 7. Block 13: Within 1 year of previous submission, the contractor shall submitted an updated MOU or notification to the government that the MOU has been reviewed and no updates were required. The contractor shall establish a Memorandum of Understanding (MOU) with TMA Beneficiary Education & Support Directorate, in accordance with the requirements in TRICARE Operations Manual, Chapter 1, Section 7. The following requirements under F.2.1 apply: A				Draft		Final					
				15. TOTAL				→		0	0
				G. PREPARED BY Vendela Jordan		H. DATE 3/13/2013		I. APPROVED BY William Blanche		J. DATE 3/13/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A040	2. TITLE OF DATA ITEM Service Organization Control Report (SOC1) - SSAE No. 18 (Prime)				3. SUBTITLE REV on 1/10/2018									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE Section G			6. REQUIRING OFFICE CRM								
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Annual (1 May – 30 April) Reporting Period Start Date: May 1 Due Date: 30 calendar days after report completion SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor (service organization) shall provide a copy of its SOC 1 Report, based upon the Statement of Standards for Attestation Engagements, SSAE No. 18 (also called SSAE 18). A SOC 1 Report is an audit, done by an independent auditor, related to the requirements of the Sarbanes-Oxley Act of 2002, and as updated by AICPA in 2017. The contractor (service organization) shall provide annually a Bridge Letter covering the period 1 May through 30 September, format to be provided by the government or its auditors. Such Bridge Letter shall be received by the government no later than 15 October.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Laura E. White			H. DATE 1/10/2018		I. APPROVED BY Katheryn A. Lima		J. DATE 1/10/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

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Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

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These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A041	2. TITLE OF DATA ITEM Bridget Letter in Support of SOC1 - SSAE No. 18 (Prime)				3. SUBTITLE REV on 1/10/2018									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE Section G			6. REQUIRING OFFICE CRM								
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Annual (1 May – 30 April) Reporting Period (Bridge Letter): 1 May - 30 September Reporting Period Start Date: May 1 Due Date: 15 calendar days after end of reporting period SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor (service organization) shall provide annually a Bridge Letter covering the period 1 May through 30 September, format to be provided by the government or its auditors. Such Bridge Letter shall be received by the government no later than 15 October. Bridge Letter Template is attached with updates provided by the government as required.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Laura E. White			H. DATE 1/10/2018		I. APPROVED BY Katheryn A. Lima		J. DATE 1/10/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

September 30, 20XX (Insert Contractor Name) Responses to

SOC 1 Review Questionnaire

1. Any changes to the operating processes/internal control environment which were detailed and tested in the SOC 1 for the period ended September 30, 20XX. Do you expect any changes to occur prior to September 30, 20XX?

RESPONSE:

2. Are there any scope changes since the last SOC 1 noted above?

RESPONSE:

3. Can you identify any event that may impact DHA's internal controls over financial reporting during the current year?

RESPONSE:

4. Please indicate if there has been a significant, i.e. greater than 10% personnel turnover in any of the following areas as it relates to the Health Care contract (XXX,XXX, if any):

- a. Claim Processing
- b. Electronic Claim Entry
- c. Manual Claim Entry
- d. Claims Adjudication
- e. Master File Maintenance
- f. Claims Adjustments
- g. Financial Administration

RESPONSE:

5. When was the last independent audit completed by the internal audit department which covered the XXXX claims processing for the TRICARE contracts? Have there been any deficiencies noted by the internal audit department in FY XX as it relates to the XXXX claims processing for the TRICARE contracts?

RESPONSE:

6. Please discuss the progress of any corrective actions on any outstanding deficiencies noted in the SOC 1 referenced above as it relates to DHA.

RESPONSE:

Deficiency in FYE 9-30-XX TRICARE SOC 1	Current Status
1. Control Objective XX XXXXXX	
2. Control Objective XX XXXXXX	
3. Control Objective XX XXXXXX	
4. Control Objective XX XXXXXX	

7. Please indicate any system changes at XXXX or any changes XXXX needed to make due to requests from Defense Health Agency (DHA) as they relate to XXXX?

RESPONSE:

8. Please indicate any IT changes, as they relate to the XXXX Health Care contracts.

RESPONSE:

9. Please indicate any significant, i.e. greater than 10%, increases/decreases in the volume of claims processed for the XXXX Health Care contracts.

RESPONSE:

10. Please indicate any changes in the policies and procedures related to the claims processing and claims adjudication process, as they relate to the XXXX Health Care contracts.

RESPONSE:

11. Please indicate any changes in the policies and procedures related to the quality assurance department, as they relate to the XXXX Health Care contracts.

RESPONSE:

12. Please indicate any changes in the policies and procedures related to the duplicate claims reviews, as they related to the XXXX Health Care contracts.

RESPONSE:

13. If the Service Provider is using a Sub-Contractor, how is the Service Provider monitoring the Sub-Contractor's controls in compliance with SSAE No 18?

RESPONSE:

14. When is the Contractor's new SOC 1, compliant with SSAE No 18, expected to be delivered to DHA?

RESPONSE:

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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[illegible]

17. PRICE GROUP	
18. ESTIMATED TOTAL PRICE	

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER Performance Report												
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR											
1. DATA ITEM NO. A060	2. TITLE OF DATA ITEM Disaster Recovery Test Results Report				3. SUBTITLE											
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.12.1		6. REQUIRING OFFICE TMA/Pharm Ops											
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Annual		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION										
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">a. ADDRESSEE</th> <th colspan="3" style="text-align: left;">b. COPIES</th> </tr> <tr> <td rowspan="2"></td> <td rowspan="2" style="text-align: center;">Draft</td> <td colspan="2" style="text-align: center;">Final</td> </tr> <tr> <td style="text-align: center;">Reg</td> <td style="text-align: center;">Repro</td> </tr> </table>		a. ADDRESSEE	b. COPIES				Draft	Final		Reg
a. ADDRESSEE	b. COPIES															
	Draft	Final														
		Reg	Repro													
<p>16. REMARKS</p> <p>Block 12: No later than the 30th day of the first month after the start of pharmacy services and in accordance with TRICARE Systems Manual, Chapter 1, Section 1.1, Paragraph 3.3.5.</p> <p>Block 13: No later than 30 days after the start of each option period exercised under this contract, in accordance with TRICARE Systems Manual, Chapter 1, Section 1.1, Paragraph 3.3.5.</p> <p>The contractor's shall submit a Continuity of Operations developed in accordance with the requirements of the TRICARE Systems Manual, Chapter 1, Section 1.1.</p> <p>The following requirements under F.2.1 apply: A, D</p>						TMA E-Commerce										
						Extranet										
						15. TOTAL →						0	0	0		
						G. PREPARED BY Beth Spearman			H. DATE 1/23/2013		I. APPROVED BY William Blanche		J. DATE 1/23/2013			

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER Performance Report
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188							
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.													
A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____									
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.								
1. DATA ITEM NO. A070	2. TITLE OF DATA ITEM National Institutes of Standards and Technology (NIST) Certification of Compliance Report				3. SUBTITLE REV on 10/05/2018								
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TSM, Ch. 1, Sec. 1.1		6. REQUIRING OFFICE PAT&IS								
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE							
				Draft Final Reg Repro									
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: First day following contract modification or date specified in the modification Due Date: 120 calendar days after receipt of contract modification. This becomes the new anniversary date for subsequent submissions. SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: Start of service delivery Due Date: 30 calendar days before the anniversary date during each option period and re-submission during the option period if there has been a change in compliance with any of the Information Assurance (IA) controls listed on the checklist, due 30 calendar days after the change. PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The Contractor shall submit a completed/signed Checklist and Certification for Minimum Level of Enhanced Safeguarding for DoD Controlled Unclassified Information and any applicable Written Determinations to document compliance with Information Assurance (IA) controls that are shown in the Checklist. 1. Checklist Completion Instructions: a. Compliance Statement - The Contractor shall select the appropriate response from the form's drop down list to indicate its compliance with specific IA controls. b. Assessment Method - The Contractor shall select one or more appropriate NIST-based method(s) to show how it assessed corporate compliance with the specific IA control. Details about the assessment methods, which differ for each control and are reflected in the NIST SP 800-171 (Rev 1) June 7, 2018 and NIST SP 800-171A June 13, 2018. <div style="text-align: center;">Continued on Page 2</div>						Submit through the DHA e-Commerce Extranet. (Per TOM Ch 14 Sec 2)							
												15. TOTAL → 0 0 0	
						G. PREPARED BY Steven Alvarado			H. DATE 10/05/2018		I. APPROVED BY John L (Jack) Arendale		J. DATE 10/05/2018

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER _____
D. SYSTEM/ITEM	E. CONTRACT/PR NO. HT9402-14-D-0002	F. CONTRACTOR Express Scripts, Inc.

16. REMARKS (Continued)

2. Written Determination Report (WDR) – If the Contractor indicates either “No” or “N/A” for any IA control listed on the Checklist, the contractor will submit a WDR, using a format developed by DHA, to explain its decision rationale and/or mitigating course of action(s). The WDR shall comply with the following instructions.

a. Tracking Number to support clear communications: the contractor shall list a simple tracking number at the top of the WDR for each IA control referenced.

b. Vulnerability Reporting:

1) Single Vulnerability – If an IA control has a single vulnerability, then the contractor shall list the planned mitigation activity and date in the WDR.

2) Multiple Vulnerabilities – If an IA control has multiple vulnerabilities with the same mitigation date, then the Contractor shall list them all in the same WDR. If an IA control has multiple vulnerabilities with different mitigation dates, then the Contractor shall group them by date and list the groups in separate WDR.

c. Mitigation Dates – When the Contractor resubmits the Checklist and associated WDR, the Contractor must always list the actual date – rather than the planned date – for when it completed mitigation activities for an identified vulnerability.

Checklist and Certification for Minimum Level of Enhanced Safeguarding for DoD Controlled Unclassified Information (CUI)

Contract [Insert TRICARE Contract #]

Processed in accordance with provisions of [insert reference #] and CDRL [insert CDRL #]

CERTIFICATION: I certify that I am an official representative for [insert name of contractor], that I have authority to sign this document and obligate [insert name of contractor] to the statements made in this document, and that I have personal knowledge of the matters to which this certification applies. I also certify that [insert name of contractor] is in compliance with the enhanced safeguarding requirements identified within the contract clause stated above and for which [insert name of contractor] has below indicated its compliance, and that the statements set forth in this document and any associated written determinations submitted herewith are true and correct to the best of [insert name of contractor]'s knowledge."

Signature:

Date:

Enter a date.

Name:

Title:

Company:

DHA

6/1/2018

Note: "Contractors may insert one or multiple potential options in the Assessment Methods column. Organizations are not expected to employ *all* assessment methods and objectives contained within the assessment procedures. Rather they have the flexibility to determine the level of effort needed and the assurance required for an assessment. The organization employs Audit Review, through proper Integration / Scanning and Monitoring Capabilities that identify the breadth and depth of coverage. The correlation of information through vulnerability scanning determines the veracity through continuous monitoring for vulnerabilities and correlating attack detection events. The resulting methods will provide the government contractor documentation of the "depth and rigor" used in assessing the required Information Assurance Controls. The contractor must ensure that the security controls required by the contract are implemented correctly, operating as intended, and support the security policies of the Defense Health Agency."

Note: Requirements derived from NIST SP 800-171, Chapter 3. Assessment Objectives and Methods derived from NIST SP 800-171A, Chapter 3.

Checklist and Certification for Minimum Level of Enhanced Safeguarding for DoD Controlled Unclassified Information (CUI)

NIST SP 800-171 & 800-171A

Contract [Insert TRICARE Contract #]

Processed in accordance with provisions of [insert reference #] **and CDRL** [insert CDRL #]

FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
AC	3.1.1	Limit information system access to authorized users, processes acting on behalf of authorized users, or devices (including other systems)	Select Answer	3.1.1[a]	authorized users are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.1[b]	processes acting on behalf of authorized users are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.1[c]	devices (including other systems) authorized to connect to the system are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.1[d]	system access is limited to authorized users	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.1[e]	system access is limited to processes acting on behalf of authorized users	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.1[f]	system access is limited to authorized devices (including other systems)	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.2	Limit information system access to the types of transactions and functions that authorized users are permitted to execute	Select Answer	3.1.2[a]	the types of transactions and functions that authorized users are permitted to execute are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.2[b]	system access is limited to the defined types of transactions and functions for authorized users	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Control the flow of CUI in accordance		3.1.3[a]	information flow control policies are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

AC	3.1.3	with approved authorizations	Select Answer	3.1.3[b]	methods and enforcement mechanisms for controlling the flow of CUI are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.3[c]	designated sources and destinations (e.g., networks, individuals, and devices) for CUI within systems and between interconnected systems are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.3[d]	authorizations for controlling the flow of CUI are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.3[e]	approved authorizations for controlling the flow of CUI are enforced	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.4	Separate the duties of individuals to reduce the risk of malevolent activity without collusion	Select Answer	3.1.4[a]	the duties of individuals requiring separation to reduce the risk of malevolent activity are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.4[b]	organization-defined duties of individuals requiring separation are separated	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.4[c]	separate accounts for individuals whose duties and accesses must be separated to reduce the risk of malevolent activity or collusion are established	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.5	Employ the principle of least privilege, including for specific security functions and privileged accounts	Select Answer	3.1.5[a]	privileged accounts are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.5[b]	access to privileged accounts is authorized in accordance with the principle of least privilege	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.5[c]	security functions are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.5[d]	access to security functions is authorized in accordance with the principle of least privilege	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

AC	3.1.6	Use non-privileged accounts or roles when accessing nonsecurity functions	Select Answer	3.1.6[a]	nonsecurity functions are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.6[b]	users are required to use non-privileged accounts or roles when accessing nonsecurity functions	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.7	Prevent non-privileged users from executing privileged functions and audit the execution of such functions	Select Answer	3.1.7[a]	privileged functions are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.7[b]	non-privileged users are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.7[c]	non-privileged users are prevented from executing privileged functions	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.7[d]	the execution of privileged functions is captured in audit logs	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.8	Limit unsuccessful logon attempts	Select Answer	3.1.8[a]	the means of limiting unsuccessful logon attempts is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.8[b]	the defined means of limiting unsuccessful logon attempts is implemented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.9	Privacy and security notices required by CUI-specified rules are identified, consistent, and associated with the specific CUI category	Select Answer	3.1.9[a]	privacy and security notices required by CUI-specified rules are identified, consistent, and associated with the specific CUI category	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.9[b]	privacy and security notices are displayed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.10	Use session lock with pattern-hiding displays to prevent access/viewing of data after a period of inactivity	Select Answer	3.1.10[a]	the period of inactivity after which the system initiates a session lock is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.10[b]	access to the system and viewing of data is prevented by initiating a session lock after the defined period of inactivity	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

				3.1.10[c]	previously visible information is concealed via a pattern-hiding display after the defined period of inactivity	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.11	Terminate (automatically) a user session after a defined condition	Select Answer	3.1.11[a]	conditions requiring a user session to terminate are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.11[b]	a user session is automatically terminated after any of the defined conditions occur	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.12	Monitor and control remote access sessions	Select Answer	3.1.12[a]	remote access sessions are permitted	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.12[b]	the types of permitted remote access are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.12[c]	remote access sessions are controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.12[d]	remote access sessions are monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.13	Employ cryptographic mechanisms to protect the confidentiality of remote access sessions	Select Answer	3.1.13[a]	cryptographic mechanisms to protect the confidentiality of remote access sessions are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.13[b]	cryptographic mechanisms to protect the confidentiality of remote access sessions are implemented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.14	Route remote access via managed access control points	Select Answer	3.1.14[a]	managed access control points are identified and implemented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.14[b]	remote access is routed through managed network access control points	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Authorize remote execution of privileged commands and remote access to security-relevant information		3.1.15[a]	privileged commands authorized for remote execution are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.15[b]	security-relevant information authorized to be accessed remotely is identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

AC	3.1.15		Select Answer	3.1.15[c]	the execution of the identified privileged commands via remote access is authorized	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.15[d]	access to the identified security-relevant information via remote access is authorized	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.16	Authorize wireless access prior to allowing such connections	Select Answer	3.1.16[a]	wireless access points are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.16[b]	wireless access is authorized prior to allowing such connections	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.17	Protect wireless access using authentication and encryption	Select Answer	3.1.17[a]	wireless access to the system is protected using encryption	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.17[b]	wireless access to the system is protected using authentication	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.18	Control connection of mobile devices	Select Answer	3.1.18[a]	mobile devices that process, store, or transmit CUI are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.18[b]	the connection of mobile devices is authorized	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.18[c]	mobile device connections are monitored and logged	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.19	Encrypt CUI on mobile devices	Select Answer	3.1.19[a]	mobile devices and mobile computing platforms that process, store, or transmit CUI are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.19[b]	encryption is employed to protect CUI on identified mobile devices, and mobile computing platforms	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Verify and control/limit connections to and use of external information systems		3.1.20[a]	connections to external systems are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.20[b]	use of external systems is identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.20[c]	connections to external systems are verified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

AC	3.1.20		Select Answer	3.1.20[d]	use of external systems is verified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.20[e]	connections to external systems are controlled/limited	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.20[f]	use of external systems is controlled/limited	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.21	Limit use of organizational portable storage devices on external information systems	Select Answer	3.1.21[a]	use of organizational portable storage devices containing CUI on external systems is identified and documented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.21[b]	limits on the use of organizational portable storage devices containing CUI on external systems are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.21[c]	use of organizational portable storage devices containing CUI on external systems is limited as defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AC	3.1.22	Control information posted or processed on publicly accessible information systems	Select Answer	3.1.22[a]	individuals authorized to post or process information on publicly accessible systems are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.22[b]	procedures to ensure CUI is not posted or processed on publicly accessible systems are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.22[c]	a review process in place prior to posting of any content to publicly accessible systems	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.22[d]	content on publicly accessible information systems is reviewed to ensure that it does not include CUI	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.1.22[e]	mechanisms are in place to remove and address improper posting of CUI	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
AT	3.2.1	Ensure that managers, systems administrators, and users of organizational information systems are made aware of the security risks associated with their activities and of the applicable policies, standards, and procedures related to the security of those information systems	Select Answer	3.2.1[a]	security risks associated with organizational activities involving CUI are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.2.1[b]	policies, standards, and procedures related to the security of the system are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.2.1[c]	managers, systems administrators, and users of the system are made aware of the security risks associated with their activities	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.2.1[d]	managers, systems administrators, and users of the system are made aware of the applicable policies, standards, and procedure related to the security of the system	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AT	3.2.2	Ensure that organizational personnel are adequately trained to carry out their assigned information security-related duties and responsibilities	Select Answer	3.2.2[a]	information security-related duties, roles, and responsibilities	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.2.2[b]	information security-related duties, roles, and responsibilities are assigned to designated personee	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.2.2[c]	personnel are adequately trained to carry out their assigned information security-related duties, roles and responsibilities	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Provide security awareness training on recognizing and		3.2.3[a]	potential indicators associated with insider threats are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

AT	3.2.3	reporting potential indicators of insider threat	Select Answer	3.2.3[b]	security awareness training on recognizing and reporting potential indicators of insider threat is provided to managers and employees	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
AU	3.3.1	Create, protect, and retain system audit records to the extent needed to enable the monitoring, analysis, investigation, and reporting of unlawful, unauthorized, or inappropriate information system activity	Select Answer	3.3.1[a]	audit logs needed (i.e., event types to be logged) to enable the monitoring, analysis, investigation, and reporting of unlawful or unauthorized system activity are specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.1[b]	the content of audit records needed to support monitoring, analysis, investigation, and reporting of unlawful or unauthorized system activity is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.1[c]	audit records are created (generated)	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.1[d]	audit records, once created, contain the defined content	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.1[e]	retention requirements for audit records are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.1[f]	audit records are retained as defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AU	3.3.2	Ensure that the actions of individual information system users can be uniquely traced to those users so they can be held accountable for their actions	Select Answer	3.3.2[a]	the content of the audit records needed to support the ability to uniquely trace users to their actions is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.2[b]	audit records, once created, contain the defined content	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

AU	3.3.3	Review and update audited events	Select Answer	3.3.3[a]	a process for determining when to review logged events is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.3[b]	event types being logged are reviewed in accordance with the defined review process	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.3[c]	event types being logged are updated based on the review	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AU	3.3.4	Alert in the event of an audit process failure	Select Answer	3.3.4[a]	personnel or roles to be alerted in the event of an audit logging process failure are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.4[b]	types of audit logging process failures for which alert will be generated are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.4[c]	identified personnel or roles are alerted in the event of an audit logging process failure	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AU	3.3.5	Correlate audit review, analysis, and reporting processes for investigation and response to indications of inappropriate, suspicious, or unusual activity	Select Answer	3.3.5[a]	audit record review, analysis, and reporting processes for investigation and response to indications of unlawful, unauthorized, suspicious, or unusual activity are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.5[b]	defined audit record review, analysis, and reporting processes are correlated	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AU	3.3.6	Provide audit reduction and report generation to support on-demand analysis and reporting	Select Answer	3.3.6[a]	an audit record reduction capability that supports on-demand analysis is provided	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.6[b]	a report generation capability that supports on-demand reporting is provided	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Provide an information system capability that		3.3.7[a]	internal system clocks are used to generate time stamps for audit records	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

AU	3.3.7	compares and synchronizes internal system clocks with an authoritative source to generate time stamps for audit records	Select Answer	3.3.7[b]	an authoritative source with which to compare and synchronize internal system clocks is specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.7[c]	internal system clocks used to generate time stamps for audit records are compared to and synchronized with the specified authoritative time source	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AU	3.3.8	Protect audit information and audit tools from unauthorized access, modification, and deletion	Select Answer	3.3.8[a]	audit information is protected from unauthorized access	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.8[b]	audit information is protected from unauthorized modification	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.8[c]	audit information is protected from unauthorized deletion	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.8[d]	audit logging tools are protected from unauthorized access	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.8[e]	audit logging tools are protected from unauthorized modification	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.8[f]	audit logging tools are protected from unauthorized deletion	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
AU	3.3.9	Limit management of audit functionality to a subset of privileged users	Select Answer	3.3.9[a]	a subset of privileged users granted access to managed audit logging functionality is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.3.9[b]	management of audit logging functionality is limited to the defined subset of privileged users	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE <i>(Determine if ...)</i>		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE

CM	3.4.1	Establish and maintain baseline configurations and inventories of organizational information systems (including hardware, software, firmware, and documentation) throughout the respective system development life cycles	Select Answer	3.4.1[a]	a baseline configuration is established	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.1[b]	the baseline configuration includes hardware, software, firmware and documentation	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.1[c]	the baseline configuration is maintained (reviewed and updated) throughout the system development life cycle	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.1[d]	a system inventory is established	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.1[e]	the system inventory included hardware, software, firmware, and documentation	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.1[f]	the inventory is maintained (reviewed and updated) throughout the system development life cycle	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CM	3.4.2	Establish and enforce security configuration settings for information technology products employed in organizational information systems	Select Answer	3.4.2[a]	security configuration settings for information technology products employed in the system are established and included in the baseline configuration	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.2[b]	security configuration settings for information technology products employed in the system are enforced	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CM	3.4.3	Track, review, approve/disapprove, and audit changes to information systems	Select Answer	3.4.3[a]	changes to the system are tracked	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.3[b]	changes to the system are reviewed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.3[c]	changes to the system are approved or disapproved	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.3[d]	changes to the system are logged	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

CM	3.4.4	Analyze the security impact of changes prior to implementation	Select Answer		the security impact of changes to each organizational system is analyzed prior to implementation	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CM	3.4.5	Define, document, approve, and enforce physical and logical access restrictions associated with changes to information systems	Select Answer	3.4.5[a]	physical access restrictions associated with changes to the system are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.5[b]	physical access restrictions associated with changes to the system are documented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.5[c]	physical access restrictions associated with changes to the system are approved	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.5[d]	physical access restrictions associated with changes to the system are enforced	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.5[e]	logical access restrictions associated with changes to the system are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.5[f]	logical access restrictions associated with changes to the system are documented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.5[g]	logical access restrictions associated with changes to the system are documented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.5[h]	logical access restrictions associated with changes to the system are enforced	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CM	3.4.6	Employ the principle of least functionality by configuring the information systems to provide only essential capabilities	Select Answer	3.4.6[a]	essential system capabilities are defined based on the principle of least functionality	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.6[b]	the system is configured to provide only the defined essential capabilities	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Restrict, disable, and prevent the use of		3.4.7[a]	essential programs are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

CM	3.4.7	nonessential programs, functions, ports, protocols, and services	Select Answer	3.4.7[b]	the use of nonessential programs is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[c]	the use of nonessential programs is restricted, disabled, or prevented as defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[d]	essential functions are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[e]	the use of nonessential functions is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[f]	the use of nonessential functions is restricted, disabled, or prevented as defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[g]	essential ports are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[h]	the use of nonessential ports is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[i]	use of nonessential ports is restricted, disabled, or prevented as defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[j]	essential protocols are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[k]	use of nonessential protocols is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.7[l]	use of nonessential protocols is restricted, disabled, or prevented as defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CM	3.4.8	Apply deny-by-exception (blacklist) policy to prevent the use of unauthorized software or deny-all, permit-by-exception (whitelisting) policy to	Select Answer	3.4.8[a]	a policy specifying whether whitelisting or blacklisting is to be implemented is specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.8[b]	the software allowed to execute under whitelisting or denied use under blacklisting is specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

		allow the execution of authorized software		3.4.8[c]	whitelisting to allow the execution of authorized software or blacklisting to prevent the use of unauthorized software is implemented as specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CM	3.4.9	Control and monitor user-installed software	Select Answer	3.4.9[a]	a policy for controlling the installation of software by users is established	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.9[b]	installation of software by users is controlled based on the established policy	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.4.9[c]	installation of software by users is monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
IA	3.5.1	Identify information system users, processes acting on behalf of users, or devices	Select Answer	3.5.1[a]	system users are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.1[b]	processes acting on behalf of users are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.1[c]	devices accessing the system are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.2	Authenticate (or verify) the identities of those users, processes, or devices, as a prerequisite to allowing access to organizational information systems	Select Answer	3.5.2[a]	the identity of each user is authenticated or verified as a prerequisite to system access	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.2[b]	the identity of each process acting on behalf of a user is authenticated or verified as a prerequisite to system access	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.2[c]	the identify of each device accessing or connecting to the system is authenticated or verified as a prerequisite to system access	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Use multifactor authentication for		3.5.3[a]	privileged accounts are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

IA	3.5.3	local and network access to privileged accounts and for network access to non-privileged accounts	Select Answer	3.5.3[b]	multifactor authentication is implemented for local access to privileged accounts	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.3[c]	multifactor authentication is implemented for network access to privileged accounts	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.3[d]	multifactor authentication is implemented for network access to non-privileged accounts	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.4	Employ replay-resistant authentication mechanisms for network access to privileged and non-privileged accounts	Select Answer	replay-resistant authentication mechanisms are implemented for all network account access to privileged and non-privileged accounts		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.5	Prevent reuse of identifiers for a defined period	Select Answer	3.5.5[a]	a period within which identifiers cannot be reused is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.5[b]	reuse of identifiers is prevented within the defined period	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.6	Disable identifiers after a defined period of inactivity	Select Answer	3.5.6[a]	a period of inactivity after which an identifier is disabled is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.6[b]	identifiers are disabled after the defined period of inactivity	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.7	Enforce a minimum password complexity and change of characters when new passwords are created	Select Answer	3.5.7[a]	password complexity requirements are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.7[b]	password change of character requirements are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.7[c]	minimum password complexity requirements as defined are enforced when new passwords are created	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

				3.5.7[d]	minimum password change of character requirements as defined are enforced when new passwords are created	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.8	Prohibit password reuse for a specified number of generations	Select Answer	3.5.8[a]	the number of generations during which a password cannot be reused is specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.8[b]	reuse of passwords is prohibited during the specified number of generations	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.9	Allow temporary password use for system logons with an immediate change to a permanent password	Select Answer		an immediate change to a permanent password is required when a temporary password is used for system logon	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.10	Store and transmit only encrypted representation of passwords	Select Answer	3.5.10[a]	passwords are cryptographically protected in storage	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.5.10[b]	passwords are cryptographically protected in transit	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IA	3.5.11	Obscure feedback of authentication information	Select Answer		authentication information is obscured during the authentication process	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
		Establish an operational incident-handling capability for organizational information systems that includes adequate preparation, detection, analysis,		3.6.1[a]	an operational incident-handling capability is established	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.1[b]	the operational incident-handling capability includes preparation	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.1[c]	the operational incident-handling capability includes detection	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

IR	3.6.1	containment, recovery, and user response activities	Select Answer	3.6.1[d]	the operational incident-handling capability includes analysis	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.1[e]	the operational incident-handling capability includes containment	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.1[f]	the operational incident-handling capability includes recovery	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.1[g]	the operational incident-handling capability includes user response activities	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IR	3.6.2	Track, document, and report incidents to appropriate organizational officials and/or authorities	Select Answer	3.6.2[a]	incidents are tracked	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.2[b]	incidents are documented	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.2[c]	authorities to whom incidents are to be reported are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.2[d]	organizational officials to whom incidents are to be reported are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.2[e]	identified authorities notified of incidents	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.6.2[f]	identified organizational officials are notified of incidents	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
IR	3.6.3	Test the organizational incident response capability	Select Answer	the incident response capability is tested		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
MA	3.7.1	Perform maintenance on organizational information systems	Select Answer	system maintenance is performed		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

MA	3.7.2	Provide effective controls on the tools, techniques, mechanisms, and personnel used to conduct system maintenance	Select Answer	3.7.2[a]	tools used to conduct system maintenance are controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.7.2[b]	techniques used to conduct system maintenance are controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.7.2[c]	mechanisms used to conduct system maintenance are controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.7.2[d]	personnel used to conduct system maintenance are controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MA	3.7.3	Ensure equipment removed for off-site maintenance is sanitized of any CUI	Select Answer	equipment to be removed from organizational spaces for off-site maintenance is sanitized of any CUI		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MA	3.7.4	Check media containing diagnostic and test programs for malicious code before the media are used in the information systems	Select Answer	media containing diagnostic and test programs are checked for malicious code before being used in organizational systems that process, store, or transmit CUI		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MA	3.7.5	Require multifactor authentication to establish nonlocal maintenance sessions via external network connections and terminate such connections when nonlocal maintenance is complete	Select Answer	3.7.5[a]	multifactor authentication is required to establish nonlocal maintenance sessions via external network connections	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.7.5[b]	nonlocal maintenance sessions established via external network connections are terminated when nonlocal maintenance is complete	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

MA	3.7.6	Supervise the maintenance activities of maintenance personnel without required access authorization	Select Answer	maintenance personnel without required access authorization are supervised during maintenance activities		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
MP	3.8.1	Protect (i.e., physically control and securely store) information system media containing CUI, both paper and digital	Select Answer	3.8.1[a]	paper media containing CUI is physically controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.8.1[b]	digital media containing CUI is physically controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.8.1[c]	paper media containing CUI is securely stored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.8.1[d]	digital media containing CUI is securely stored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MP	3.8.2	Limit access to CUI on information system media to authorized users	Select Answer	access to CUI on system media is limited to authorized users.		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MP	3.8.3	Sanitize or destroy information system media containing CUI before disposal or release for reuse	Select Answer	3.8.3[a]	system media containing CUI is sanitized or destroyed before disposal	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.8.3[b]	system media containing CUI is sanitized before it is released for reuse	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MP	3.8.4	Mark media with necessary CUI markings and distribution limitations	Select Answer	3.8.4[a]	media containing CUI is marked with applicable CUI markings	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.8.4[b]	media containing CUI is marked with distribution limitations	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Control access to media containing CUI		3.8.5[a]	access to media containing CUI is controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

MP	3.8.5	and maintain accountability for media during transport outside of controlled areas	Select Answer	3.8.5[b]	accountability for media containing CUI is maintained during transport outside of controlled areas	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MP	3.8.6	Implement cryptographic mechanisms to protect the confidentiality of information stored on digital media during transport outside of controlled areas unless otherwise protected by alternate physical safeguards	Select Answer		the confidentiality of CUI stored on digital media is protected during transport using cryptographic mechanisms or alternative physical safeguards	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MP	3.8.7	Control the use of removable media on information system components	Select Answer		the use of removable media on system components containing CUI is controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MP	3.8.8	Prohibit the use of portable storage devices when such devices have no identifiable owner	Select Answer		the use of portable storage devices is prohibited when such devices have no identifiable owner	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
MP	3.8.9	Protect the confidentiality of backup CUI at storage locations	Select Answer		the confidentiality of backup CUI is protected at storage locations	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE <i>(Determine if ...)</i>		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE

PS	3.9.1	Screen individuals prior to authorizing access to information systems containing CUI	Select Answer	individuals are screened prior to authorizing access to organizational systems		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
PS	3.9.2	Ensure that CUI and information systems containing CUI are protected during and after personnel actions such as terminations and transfers	Select Answer	3.9.2[a]	a policy and/or process for terminating system access authorization and any credentials coincident with personnel actions is established.	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.9.2[b]	system access and credentials are terminated consistent with personnel actions such as termination or transfer	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.9.2[c]	the system is protected during and after personnel transfer actions	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
PE	3.10.1	Limit physical access to organizational information systems, equipment, and the respective operating environments to authorized individuals	Select Answer	3.10.1[a]	for a facility that contains CUI, authorized individuals allowed physical access are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.1[b]	physical access to an organizational system that processes, stores, or transmits CUI is limited to authorized individuals	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.1[c]	physical access to equipment that processes, stores, or transmits CUI is limited to authorized individuals	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.1[d]	physical access to operating environments where CUI is processed, stored, or transmitted limited to authorized individuals	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

PE	3.10.2	Protect and monitor the physical facility and support infrastructure for organizational systems.	Select Answer	3.10.2[a]	the physical facility where that system resides is protected	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.2[b]	the support infrastructure for that system is protected	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.2[c]	the physical facility where that system resides is monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.2[d]	the support infrastructure for that system is monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
PE	3.10.3	Escort visitors and monitor visitor activity	Select Answer	3.10.3[a]	visitors are escorted	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.3[b]	visitor activity is monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
PE	3.10.4	Maintain audit logs of physical access	Select Answer	audit logs of physical access are maintained		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
PE	3.10.5	Control and manage physical access devices	Select Answer	3.10.5[a]	physical access devices are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.5[b]	physical access devices are controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.5[c]	physical access devices are managed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
PE	3.10.6	Enforce safeguarding measures for CUI at alternate work sites	Select Answer	3.10.6[a]	safeguarding measures for CUI are defined for alternative work sites	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.10.6[b]	safeguarding measures for CUI are enforced for alternative work sites	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
		Periodically assess the risk to the organizational operations (including		3.11.1[a]	the frequency to assess risk to organizational operations, organizational assets, and individuals is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

RA	3.11.1	mission, functions, image, or reputation), organizational assets, and individuals, resulting from the operation of organizational systems and the associated processing, storage, or transmission of CUI	Select Answer	3.11.1[b]	risk to organizational operations, organizational assets, and individuals resulting from the operation of an organizational system that processes, stores, or transmits CUI is assessed with the defined frequency	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
RA	3.11.2	Scan for vulnerabilities in organizational systems and applications periodically and when new vulnerabilities affecting those systems and applications are identified	Select Answer	3.11.2[a]	the frequency of scan for vulnerabilities in an organizational system and its applications that process, store, or transmit CUI is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.11.2[b]	vulnerability scans are performed in an organizational system that processes, stores, or transmits CUI with the defined frequency	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.11.2[c]	vulnerability scans are performed in an application that contains CUI with the defined frequency	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.11.2[d]	vulnerability scans are performed in an organizational system that process, stores, or transmits CUI when new vulnerabilities are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.11.2[e]	vulnerability scans are performed in an application that contains CUI when new vulnerabilities are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

RA	3.11.3	Remediate vulnerabilities in accordance with risk assessments	Select Answer	3.11.3[a]	vulnerabilities are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.11.3[b]	vulnerabilities are remediated in accordance with risk assessments	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
CA	3.12.1	Periodically assess the security controls in organizational systems to determine if the controls are effective in their application	Select Answer	3.12.1[a]	the frequency of security control assessments is identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.1[b]	security controls are assessed with the defined frequency to determine if the controls are effective in their application	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CA	3.12.2	Develop and implement plans of action designed to correct deficiencies and reduce or eliminate vulnerabilities in organizational systems	Select Answer	3.12.2[a]	deficiencies and vulnerabilities to be addressed by the plan of action are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.2[b]	a plan of action is developed to correct identified deficiencies and reduce or eliminate identified vulnerabilities	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.2[c]	the plan of action is implemented to correct identified deficiencies and reduce or eliminate identified vulnerabilities	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
CA	3.12.3	Monitor security controls on an ongoing basis to ensure the continued effectiveness of the controls	Select Answer	security controls are monitored on an ongoing basis to ensure the continued effectiveness of those controls		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

CA	3.12.4	Develop, document, and periodically update system security plans that describe system boundaries, system environments or operation, how security requirements are implemented, and the relationships with or connections to other systems	Select Answer	3.12.4[a]	a system security plan is developed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.4[b]	the system boundary is described and documented in the system security plan	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.4[c]	the system environment of operation is described and documented in the system security plan	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.4[d]	how security requirements are implemented is described and documented in the system security plan	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.4[e]	the relationship with or connection to other systems is described and documented in the system security plan	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.4[f]	the frequency to update the system security plan is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.12.4[g]	system security plan is updated with the defined frequency	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
		Monitor, control, and protect communications (i.e., information transmitted or received by organizational systems) at the external boundaries and key internal		3.13.1[a]	the external system boundary is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.1[b]	key internal system boundaries are defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.1[c]	communications are monitored at the external system boundary	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.1[d]	communications are monitored at key internal boundaries	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

SC	3.13.1	boundaries of organizational systems	Select Answer	3.13.1[e]	communications are controlled at the external system boundary	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.1[f]	communications are controlled at key internal boundaries	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.1[g]	communications are protected at the external system boundary	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.1[h]	communications are protected at key internal boundaries	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.2	Employ architectural designs, software development techniques, and systems engineering principles that promote effective information security within organizational systems	Select Answer	3.13.2[a]	architectural designs that promote effective information security are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.2[b]	software development techniques that promote effective information security are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.2[c]	systems engineering principles that promote effective information security are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.2[d]	identified architectural designs that promote effective information security are employed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.2[e]	identified software development techniques that promote effective information security are employed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.2[f]	identified systems engineering principles that promote effective information security are employed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Separate user functionality from		3.13.3[a]	user functionality is identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

SC	3.13.3	functionality from system management functionality	Select Answer	3.13.3[b]	system management functionality is identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.3[c]	user functionality is separated from system management functionality	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.4	Prevent unauthorized and unintended information transfer via shared system resources	Select Answer	unauthorized and unintended information transfer via shared system resources is prevented		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.5	Implement subnetworks for publicly accessible system components that are physically or logically separated from internal networks	Select Answer	3.13.5[a]	publicly accessible system components are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.5[b]	subnetworks for publicly accessible system components are physically or logically separated from internal networks	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.6	Deny network communications traffic by default and allow network communications	Select Answer	3.13.6[a]	network communications traffic is denied by default	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.6[b]	network communications traffic is allowed by exception	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

SC	3.13.7	Prevent remote devices from simultaneously establishing non-remote connections with organizational systems and communicating via some other connection to resources in external networks (i.e., split tunneling)	Select Answer	remote devices are prevented from simultaneously establishing non-remote connections with the system and communicating via some other connection to resources in external networks (i.e., split tunneling)		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.8	Implement cryptographic mechanisms to prevent unauthorized disclosure of CUI during transmission unless otherwise protected by alternative physical safeguards	Select Answer	3.13.8[a]	cryptographic mechanisms intended to prevent unauthorized disclosure of CUI are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.8[b]	alternative physical safeguards intended to prevent unauthorized disclosure of CUI are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.8[c]	either cryptographic mechanisms or alternative physical safeguards are implemented to prevent unauthorized disclosure of CUI during transmission	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
		Terminate network connections associated with communications sessions at the end of		3.13.9[a]	a period of inactivity to terminate network connections associated with communications sessions is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

SC	3.13.9	the sessions or after a defined period of inactivity	Select Answer	3.13.9[b]	network connections associated with communications sessions are terminated at the end of the sessions	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.9[c]	network connections associated with communications sessions are terminated after the defined period of inactivity	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.10	Establish and manage cryptographic keys for cryptography employed in organizational systems	Select Answer	3.13.10[a]	cryptographic keys are established whenever cryptography is employed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.10[b]	cryptographic keys are managed whenever cryptography is employed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.11	Employ FIPS-validated cryptography when used to protect the confidentiality of CUI	Select Answer	FIPS-validated cryptography is employed to protect the confidentiality of CUI		Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.12	Prohibit remote activation of collaborative computing devices and provide indication of devices in use to users present at the device	Select Answer	3.13.12[a]	collaborative computing devices are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.12[b]	collaborative computing devices provide indication to users of devices in use	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.12[c]	remote activation of collaborative computing devices is prohibited	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.13	Control and monitor the use of mobile code	Select Answer	3.13.13[a]	use of mobile code is controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.13.13[b]	use of mobile code is monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.14	Control and monitor the use of Voice over Internet Protocol	Select Answer	3.13.14[a]	use of Voice over Internet Protocol (VoIP) technologies is controlled	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

SC	3.13.14	Internet Protocol (VoIP) technologies	Select Answer	3.13.14[b]	use of Voice over Internet Protocol (VoIP) technologies is monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.15	Protect the authenticity of communications sessions	Select Answer		authenticity of communications sessions	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SC	3.13.16	Protect the confidentiality of CUI at rest	Select Answer		the confidentiality of CUI at rest is protected	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
FAM	CTRL#	REQUIREMENTS	COMPLIANCE	ASSESSMENT OBJECTIVE (Determine if ...)		IMPLEMENTED	SELECT ASSESSMENT METHOD(S)			DATE
SI	3.14.1	Identity, report, and correct system flaws in a timely manner	Select Answer	3.14.1[a]	the time within which to identify system flaws is specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.1[b]	system flaws are identified within the specified time frame	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.1[c]	the time within which to report system flaws is specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.1[d]	system flaws are reported within the specified time frame	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.1[e]	the time within which to correct system flaws is specified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.1[f]	system flaws are corrected within the specified time frame	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SI	3.14.2	Provide protection from malicious code at designated locations within organizational systems	Select Answer	3.14.2[a]	designated locations for malicious code protection are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.2[b]	protection from malicious code at designated locations is provided	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

SI	3.14.3	Monitor system security alerts and advisories and take action in response	Select Answer	3.14.3[a]	response actions to system security alerts and advisories are identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.3[b]	system security alerts and advisories are monitored	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.3[c]	actions in response to system security alerts and advisories are taken	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SI	3.14.4	Update malicious code protection mechanisms when new releases are available	Select Answer		malicious code protection mechanisms are updated when new releases are available	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SI	3.14.5	Perform periodic scans of organizational systems and real-time scans of files from external sources as files are downloaded, opened, or executed	Select Answer	3.14.5[a]	the frequency of malicious code scans is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.5[b]	malicious code scans are performed with the defined frequency	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.5[c]	real-time malicious code scans of files from external sources as files are downloaded, opened, or executed are performed	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SI	3.14.6	Monitor organizational systems, including inbound and outbound communication traffic, to detect attacks and indicators of potential attacks	Select Answer	3.14.6[a]	the system is monitored to detect attacks and indicators of potential attacks	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.6[b]	inbound communications traffic is monitored to detect attacks and indicators of potential attacks	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
				3.14.6[c]	outbound communications traffic is monitored to detect attacks and indicators of potential attacks	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.
SI	3.14.7	Identify unauthorized use of organizational	Select Answer	3.14.7[a]	authorized use of the system is defined	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

31	3.14.7	systems	Select Answer	3.14.7[b]	unauthorized use of the system is identified	Select Answer	<input type="checkbox"/> EXAMINE	<input type="checkbox"/> INTERVIEW	<input type="checkbox"/> TEST	Enter a date.

DHA

6/1/2018

Note: "Contractors may insert one or multiple potential options in the Assessment Methods column. Organizations are not expected to employ *all* assessment methods and objectives contained within the assessment procedures. Rather they have the flexibility to determine the level of effort needed and the assurance required for an assessment. The organization employs Audit Review, through proper Integration / Scanning and Monitoring Capabilities that identify the breadth and depth of coverage. The correlation of information through vulnerability scanning determines the veracity through continuous monitoring for vulnerabilities and correlating attack detection events. The resulting methods will provide the government contractor documentation of the "depth and rigor" used in assessing the required Information Assurance Controls. The contractor must ensure that the security controls required by the contract are implemented correctly, operating as intended, and support the security policies of the Defense Health Agency."

Note: Requirements derived from NIST SP 800-171, Chapter 3. Assessment Objectives and Methods derived from NIST SP 800-171A, Chapter 3.

**Written Determination <Insert Reference #>
in Support of
DoDI 8582.01 Checklist for Minimum Security Controls**

<Insert Date>

Contract Reference #
Contractor Name
Street Address
City, ST ZIP

Information Assurance (IA) Control #:	<Enter the specific IA Control # from the "Checklist">
IA Control Nomenclature:	<Enter the specific IA Control's Nomenclature>
Compliance Statement:	<Restate the Contractor's compliance with the IA Control.>
Issue:	
<Provide basic "business" description for why the contractor cannot / will not meet the requirements of the NIST 800-171/171A IA control as listed on Checklist and Certification for Minimum Level of Enhanced Safeguarding for Unclassified DoD Information for Minimum Security Controls.>	
Contractor-identified Solution:	
<Provide a business-level description of the contractor's alternative plan to satisfy the security requirements associated with the Checklist's specific IA control.>	
Mitigation / Remediation Plan:	
<As appropriate, provide a business-level description of the contractor's plan of action and milestone for implementing the solution listed above.>	
Risk Acceptance Statement	
<Provide a statement the contractor accepts the risk of either implementing a technical solution different from the NIST guidance or contract operations until the NIST control can be implemented.>	

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188											
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>																	
A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Adjudication Specifications</u>													
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR												
1. DATA ITEM NO. A080	2. TITLE OF DATA ITEM TPharm Payer Sheet				3. SUBTITLE												
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.1.14		6. REQUIRING OFFICE TMA/Pharm Ops												
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Annual		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION											
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 50%;">a. ADDRESSEE</td> <td colspan="3" style="text-align: center;">b. COPIES</td> </tr> <tr> <td style="width: 15%;">Draft</td> <td style="width: 15%;">Final</td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td></td> <td>Reg</td> <td>Repro</td> </tr> </table>		a. ADDRESSEE	b. COPIES			Draft	Final				Reg
a. ADDRESSEE	b. COPIES																
	Draft	Final															
		Reg	Repro														
16. REMARKS Block 12: No later than 30 days prior to the start of Benchmark Testing Block 13: January 31st of each year; Additionally, whenever a significant change is made. The contractor shall submit Payer Sheet to be used in the adjudication of TRICARE Retail Network Pharmacy claims: - NCPDP Field # - NCPDP Field Name - Values - Description of codes - Indication of whether field is Required or Optional The following requirements under F.2.1 apply: A, D						TMA E-Commerce											
						Extranet											
						15. TOTAL →						0	0	0			
						G. PREPARED BY Beth Spearman			H. DATE 1/23/2013		I. APPROVED BY William Blanche		J. DATE 1/23/2013				

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Adjudication Specifications</u>	
D. SYSTEM/ITEM TRICARE Pharmacy Program		E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188												
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Adjudication Specifications</u>														
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.													
1. DATA ITEM NO. A081	2. TITLE OF DATA ITEM MTF Payer Sheet				3. SUBTITLE Initial													
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.1.14		6. REQUIRING OFFICE Pharmacy Ops													
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION												
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">a. ADDRESSEE</th> <th colspan="3" style="text-align: left;">b. COPIES</th> </tr> <tr> <td></td> <td style="text-align: center;">Draft</td> <td colspan="2" style="text-align: center;">Final</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Reg</td> <td style="text-align: center;">Repro</td> </tr> </table>		a. ADDRESSEE	b. COPIES				Draft	Final				Reg
a. ADDRESSEE	b. COPIES																	
	Draft	Final																
		Reg	Repro															
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: Start of Continuous Integrated Testing (CIT) Testing Due Date: 30 calendar days before the start of CIT Testing SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: Start of service delivery Due Date: January 31st each year or as significant changes are made PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall submit Payer Sheet to be used in the adjudication of TRICARE Retail Network Pharmacy claims: - NCPDP Field # - NCPDP Field Name - Values - Description of codes - Indication of whether field is field is Required or Optional The following requirements under F.2.1 apply: A, D						Submit through the												
						DHA e-Commerce												
						Extranet.												
						(Per TOM Ch 14 Sec 2)												
								15. TOTAL →		0	0	0						
						G. PREPARED BY Natalie Jones			H. DATE 5/26/2016		I. APPROVED BY Bill Blanche		J. DATE 5/26/2016					

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
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A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Interface Specification</u>							
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR						
1. DATA ITEM NO. A090	2. TITLE OF DATA ITEM Interface Control Document				3. SUBTITLE						
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.12		6. REQUIRING OFFICE TMA/Pharm Ops						
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Annual		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES				
16. REMARKS Block 12: No later than 30 days prior to the start of benchmark testing. Block 13: No later than 90 days after the beginning of each Option Period exercised under this contract. The contractor shall maintain an interface control document (ICD) for all system interfaces. The ICD shall include but is not limited to: - General Network architecture - NCPDP required (Payer Sheet) and frequently used optional fields and explanations - NCPDP Edits and Explanations - Point of Sale Edits and Explanations - Pricing Edits and Explanations - System Responses to invalid or missing fields, and Explanations - TED generation and re-submission procedures, including crosswalk between claims processed and TEDs generated fields (may be provided as a secondary document) The document shall be updated as necessary to reflect any changes. The contractor shall provide the government with a current version of this document upon request. The following requirements under F.2.1 apply: A, D				TMA E-Commerce							
				Extranet							
				15. TOTAL				→		0	0
				G. PREPARED BY Beth Spearman		H. DATE 1/10/2013		I. APPROVED BY William Blanche		J. DATE 1/10/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

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16. REMARKS *(Continued)*

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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Interface Specification</u>					
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.				
1. DATA ITEM NO. A091	2. TITLE OF DATA ITEM DHMSM Interface Control Document				3. SUBTITLE Initial				
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.12			6. REQUIRING OFFICE Pharmacy Ops			
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION			
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES	
						Draft	Final		
							Reg	Repro	
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: Start of Initial Operating Capability (IOC) Due Date: 30 calendar days before the start of IOC SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: Start of service delivery Due Date: 90 calendar days after start of reporting period PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall maintain an interface control document (ICD) for the DHMSM EHR Interface. The ICD shall include but is not limited to: - General Network architecture - NCPDP required (Payer Sheet) and frequently used optional fields and explanations - NCPDP Edits and Explanations - Point of Sale Edits, Explanations, and Messaging - Pricing Edits and Explanations - System Responses to invalid or missing fields, and Explanations - Any additional information necessary to meet the requirements under C.6.1.14. The document shall be updated as necessary to reflect any changes. The contractor shall provide the government with a current version of this document upon request. The following requirements under F.2.1 apply: A, D						Submit through the			
						DHA e-Commerce			
						Extranet.			
						(Per TOM Ch 14 Sec 2)			
						15. TOTAL →			
G. PREPARED BY Natalie Jones			H. DATE 5/26/2016		I. APPROVED BY William Blanche		J. DATE 5/26/2016		

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188	
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.							
A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER _____			
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR		
1. DATA ITEM NO. A100	2. TITLE OF DATA ITEM FOIA Releasable Contract				3. SUBTITLE		
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.1.2		6. REQUIRING OFFICE TMA/Pharm Ops		
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Annual		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION	
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES
16. REMARKS Block 12: No later than 30 days after contract award. Original Submission: 1. The contractor shall provide a clean copy of the original signed, executed contract with attachments and exhibits. 2. The contractor shall provide a bracketed copy of the original signed, executed contract with attachments and exhibits. Indicate with brackets, the information you determine is exempt from release, if any, and cite the FOIA Exemption(s) invoked within each bracketed area, pursuant to 5 USC 552. The brackets may be made electronically or hand marked with brackets and the FOIA Exemptions written in the margins. 3. The contractor shall provide a cover letter addressing their justification and/or rationale for withholding data. Block 13: No later than 30 days after the beginning of each Option Period. Subsequent Submission: 1. The contractor shall provide a clean copy of the original signed, executed contract, attachments, and exhibits, with the modifications incorporated into the original contract as a conformed contract. The contractor shall identify the last modification (P00NNN and date) incorporated into the contract. 2. The contractor shall provide a bracketed copy of the original signed, executed contract, attachments, and exhibits, with the modifications incorporated into the original contract as a conformed contract. The contractor shall identify the last modification (P00NNN and date) incorporated into the contract. Indicate with brackets, the information you determine is exempt from release, if any, and cite the FOIA Exemption(s) invoked within each bracketed area, pursuant to 5 USC 552. The brackets may be made electronically or hand marked with the FOIA Exemptions written in the margins. 3. The contractor shall provide a cover letter addressing their justification and/or rationale for withholding data.				TMA, Attention: FOIA Officer 16401 East Centretch Parkway Aurora, CO 80011-9066			
				15. TOTAL			
G. PREPARED BY Matthew Anderson		H. DATE 6/21/2013		I. APPROVED BY William Blanche		J. DATE 6/21/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A120	2. TITLE OF DATA ITEM Fraud Detection and Prevention Strategy and Internal Procedures				3. SUBTITLE REV on 04/28/2016									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 1		6. REQUIRING OFFICE Program Integrity (PI)									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: Annual (Calendar Year) Reporting Period Start Date: First day following contract modification or date specified in the modification Due Date: 30 calendar days before start of reporting period with updates as changes occur SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: Internal procedures shall be in place for all offices to provide potential fraud and abuse cases to the contractor's program integrity function. The strategy and internal procedures shall be provided to the Program Integrity (PI) Office 30 calendar days prior to the start of health care delivery, with updates provided as changes occur.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Cindy Roegner			H. DATE 04/28/2016		I. APPROVED BY John Marchlowska		J. DATE 04/28/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188											
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A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>MOU</u>													
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR												
1. DATA ITEM NO. A130	2. TITLE OF DATA ITEM TMA Claims Review Contractor				3. SUBTITLE												
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.3.1		6. REQUIRING OFFICE TMA/Pharm Ops												
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Annual		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION											
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 60%;">a. ADDRESSEE</td> <td colspan="3">b. COPIES</td> </tr> <tr> <td>Draft</td> <td>Final</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Reg</td> <td>Repro</td> </tr> </table>		a. ADDRESSEE	b. COPIES			Draft	Final				Reg
a. ADDRESSEE	b. COPIES																
	Draft	Final															
		Reg	Repro														
16. REMARKS Block 12: No later than 120 days prior to the start of pharmacy services. Block 13: Within 1 year of previous submission, the contractor shall submitted an updated MOU or notification to the government that the MOU has been reviewed and no updates were required. The contractor shall establish a Memorandum of Understanding (MOU) with TMA Claims Review Services (TCRS) Contractor and submit to the Government. The MOU will be reviewed annually. The following requirements under F.2.1 apply: A, D						TMA E-Commerce											
						Extranet											
						15. TOTAL						0	0	0			
						G. PREPARED BY Natalie Jones			H. DATE		I. APPROVED BY William Blanche		J. DATE				

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A140	2. TITLE OF DATA ITEM Risk Assessment Letter of Assurance				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 19, Sec. 3		6. REQUIRING OFFICE Privacy Office									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft	Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: No later than the anniversary date of previous report SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall submit letter of assurance representing that it has conducted its initial or annual HIPAA risk assessment and, if necessary, develop an action plan to address any deficiencies identified, in compliance with DoD HIPAA requirements applicable to the contractor. Sample is attached.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0 0 0		
						G. PREPARED BY Lincoln Weed			H. DATE 10/02/2014		I. APPROVED BY Linda Thomas		J. DATE 10/02/2014	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

ANNUAL RISK ASSESSMENT LETTER OF ASSURANCE (SAMPLE)

Defense Health Agency (DHA)/Contract Management
16401 E Centretex Parkway
Aurora, CO 80011
ATTN: Administrative Contracting Officer (ACO)

Dear _____:

An annual risk analysis of all systems, policies, procedures and practices of (name of contractor) in effect during the year ended (date) was performed in accordance with requirements outlined in the TRICARE Operations Manual (TOM), [Chapter 19, Section 3](#), and the HHS HIPAA Privacy Rule.

The objectives of the risk analysis were to:

1. Consider both organizational and technical assessments that address all areas of privacy and security.
2. Assess the potential risks and vulnerabilities to the confidentiality, integrity and availability of all PHI (electronic, paper, and oral) created, received, stored or transmitted by the contractor.
3. Take into account all relevant losses that would be expected if privacy and security measures were not in place, including losses caused by unauthorized uses and disclosures, as well as losses of data integrity or accuracy.
4. Determine residual risk.
5. Identify and document an action plan from prioritized findings to mitigate risk to an acceptable level.

The results of the risk assessment, assurances given by appropriate (name of contractor) officials, and other information provided, indicate that the procedures and policies of (name of contractor) in effect during the year ended (Date), comply with the requirements in the TOM, [Chapter 19, Section 3](#). The following action plans describe the risk identified during the annual assessment and the plan to correct deficiencies and achieve compliance. Please indicate UNONE" if the annual risk analysis did not identify weaknesses.

Attachment A to this statement contains (1) the (Name of Contractor) plans and schedules for correcting such weaknesses, and (2) the status of actions taken to correct weaknesses identified in prior years' reports.

Sincerely,
Name, Title and Office

cc: Regional Director (RD)
DHA Procuring Contracting Officer (PCO)
HA/DHA Privacy Officer
HA/DHA Contracting Officer's Representative (COR)

Enclosure(s) (if any)

Note to Contractor

- (1) If there are no material weaknesses, this sentence should be deleted, and there would be no list or Attachment A containing plans and schedules for correcting such weaknesses.
- (2) If there were no actions taken during the past year to correct weaknesses, or no identified weaknesses for which corrective actions remain to be taken, this phrase would be deleted.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT A		C. CATEGORY: TDP _____ TM _____ OTHER Performance Report										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A150	2. TITLE OF DATA ITEM EHR MTF Set-up Document				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.9.1.		6. REQUIRING OFFICE Pharmacy Ops									
7. DD 250 REQ N/A	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
						Draft	Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: 1st day of the month following award of contract modification or date specified in the modification Due Date: 30 days after being issued by contract modification SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: Continue from first submission Due Date: January 31st of each year or as significant changes are made PHI/PII: No FILE FORMAT: Microsoft Excel CONTENT DETAILS: This report shall document the business rules and logic for processing MTF EHR claims. Including the following: - A breakdown of the fields in the standard NCPDP transaction, including content from the MTF Payer sheet and additional information on the data expected in these fields and any additional details on their use necessary to understand the claims transactions - All reject codes utilized for EHR claims, including the following data elements: - Code; NCPDP field generating the reject; NCPDP Reject Description; ESI Applies reject indicator; Override Available Indicator; MHS Genesis Status (Required, Optional); Additional comments for understanding or clarifying the reject - All Conflict, Intervention, and Outcome Codes used for EHR claims, including the conflict code, whether that code accompanies a reject or advisory warning, the intervention and/or outcome codes used to override the reject, and additional information in understanding the use of the codes The following requirements under F.2.1 apply: A, B, C, D						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Natalie Jones			H. DATE 7/12/2018		I. APPROVED BY William Blanche		J. DATE 7/12/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data. These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT A		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. A160	2. TITLE OF DATA ITEM MOU with (TRICARE Select Navigator Program)				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE C.19.3		6. REQUIRING OFFICE DHA, THP									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft	Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: Upon award of contract modification or date specified in the modification Due Date: 90 calendar days after receipt of the contract modification SUBSEQUENT SUBMISSION: Frequency: Annual (Option Period) Reporting Period Start Date: First option period after contract modification Due Date: 90 calendar days before the start of the option period PHI/PII: Yes FILE FORMAT: No specific file format required CONTENT DETAILS: The Contractor shall establish a Memorandum of Understanding (MOU) with the (TRICARE Select Navigator Program Contractor) and submit to the Government. The content of the MOU shall be coordinated with the Contracting Officer and the Contracting Officer's Representative. The MOU will be reviewed annually. The MOU shall address at minimum the following areas. 1. Supporting process ('warm handoff' procedures, guidelines for communication) 2. Beneficiary Data Transfer (claims and beneficiary information)C, D						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Carmen DeLeon			H. DATE 05/21/2020		I. APPROVED BY James Berns		J. DATE 5/21/2020	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data. These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188		
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.								
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>				
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR			
1. DATA ITEM NO. R010	2. TITLE OF DATA ITEM Pharmacy Change Monitoring Report				3. SUBTITLE See Block 16			
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.6.6.2		6. REQUIRING OFFICE TMA/Pharm Ops			
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION		
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES	
16. REMARKS Block 3: Description of Network Change (by date of change or other identifying characteristic) Block 10: Weekly, beginning 60 days prior to and continuing 180 days after the network change. Block 12: 10th calendar day of the month following the end of the first contract quarter of Option Period 1 Block 13: 10th calendar day of the month following the end of the contract quarter Block 14: By Email to PM and COR Report shall be submitted in Microsoft Excel format. Report shall identify and track impacted beneficiaries by the following categories: - Specialty Medications - Limited Distribution Medications - Hemophilia Medications - Other Non-Specialty Medications Tracking information shall attempt to account for all impacted beneficiaries, including but not limited to the following: - Total beneficiaries who have filled a medication at the impacted pharmacy within 6 months before the change - Number and percentage of impacted beneficiaries who have subsequently filled the prescription at: o TRICARE Home Delivery o MTF Pharmacy o Other Retail Network Pharmacy - Number and percentage of impacted beneficiaries who have not refilled or have done so at an impacted pharmacy The contractor may end weekly reports when one of the following criteria has been met: 1) Direction to end tracking has been received from the government. 2) All beneficiaries have filled medications at an alternative pharmacy. 3) 180 days has passed since the effective date of the network change. The following requirements under F.2.1 apply: A, D, E				15. TOTAL		0	0	0
				G. PREPARED BY Beth Spearman			H. DATE 3/14/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Performance Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.														
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Log</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. R020	2. TITLE OF DATA ITEM Operations Issue Log				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.16.1.3		6. REQUIRING OFFICE TMA/Pharm Ops									
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY As Required		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES Draft Final Reg Repro							
16. REMARKS Block 12: At the request of the government or in advance of the first scheduled operations meeting held with the government. Block 13: At the request of the government or prior to subsequent scheduled operations meeting held with the government. Block 14: By email to all individuals designated by the government or participants in scheduled operations meetings. The contractor shall keep a log of operational issues that the contractor and/or the government are working to resolve. The purpose of the log is to track all issues requiring monitoring, provide the current status, identify actions taken or planned to resolve the issue and the expected schedule for performing these actions, and document the time period between identification and resolution. The log will be in a format mutually agreed-upon by the government and the contractor but should, at minimum, include the following: Issue Description Date Opened Updates on each issue, with the date each update was provided Contractor POC Government POC The log will be kept up-to-date and provided to the government upon request.						See Block 16								
						15. TOTAL →						0	0	0
						G. PREPARED BY Beth Spearman			H. DATE 3/13/2013		I. APPROVED BY William Blanche		J. DATE 3/13/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Log</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. R030	2. TITLE OF DATA ITEM Ad Hoc Management Reports				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE C.18.1		6. REQUIRING OFFICE TMA/Pharm Ops									
7. DD 250 REQ NO	9. DIST STATEMENT REQUIRED	10. FREQUENCY As Requested		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A	B	11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft	Final Reg Repro							
16. REMARKS Block 12 - Up to four per year, as needed, at the request of the Contracting Officer due no later than 14 calendar days after Government request. Reports will be provided in Microsoft Office format. Block 13 - N/A Ad Hoc report(s) as requested by CO.						Submit as directed								
						by the Contracting Officer								
						15. TOTAL						0	0	0
						G. PREPARED BY Natalie Jones			H. DATE 4/4/2013		I. APPROVED BY William Blanche		J. DATE 4/4/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER _____
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423

(See DoD 5010.12-M for detailed instructions.)

FOR GOVERNMENT PERSONNEL**Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. R040	2. TITLE OF DATA ITEM Standard Operating Procedures (Desk Procedures)				3. SUBTITLE REV on 04/28/2016									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 1		6. REQUIRING OFFICE Program Integrity (PI)									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: First day following contract modification or date specified in the modification Due Date: As updates/changes occur SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall develop and maintain standard operating procedures (e.g. desk procedures). A copy, in electronic read-only format, shall be provided to Program Integrity (PI) at the start of the contract with updates provided as changes occur.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Cindy Roegner			H. DATE 04/28/2016		I. APPROVED BY John Marchlowska		J. DATE 04/28/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188			
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A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____					
D. SYSTEM/ITEM			E. CONTRACT/PR NO.		F. CONTRACTOR				
1. DATA ITEM NO. R050	2. TITLE OF DATA ITEM Appeals Processing Guidelines, Desk Instructions and Reference Materials				3. SUBTITLE Initial				
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 12, Sec. 1 & 32 CFR 199.10		6. REQUIRING OFFICE GCD				
7. DD 250 REQ	9. DIST STATEMENT REQUIRED B	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION			
8. APP CODE		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES		
16. REMARKS FIRST SUBMISSION: Frequency: One Time Reporting Period Start Date: Contract Start Date (OP1) Due Date: 60 calendar days before start of reporting period SUBSEQUENT SUBMISSION: Frequency: As Required Reporting Period Start Date: Same as first submission Due Date: Within 15 days of update PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall deliver one complete set of its processing guidelines, desk instructions, and reference materials covering all tasks required in TOM, Chapter 12, Section 1 and provide updates as changes occur.						Draft		Final	
						Submit through the			
						DHA e-Commerce			
						Extranet.			
						(Per TOM Ch 14 Sec 2)			
						15. TOTAL →			
G. PREPARED BY Natalie Jones		H. DATE 5/15/2014		I. APPROVED BY William Blanche		J. DATE 5/15/2014			

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188					
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____							
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.						
1. DATA ITEM NO. R060	2. TITLE OF DATA ITEM Threats Report				3. SUBTITLE REV on 04/28/2016						
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 4		6. REQUIRING OFFICE Program Integrity (PI)						
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION					
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES			
						Draft		Final Reg Repro			
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: First day following contract modification or date specified in the modification Due Date: Within 5 working days of the threat SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall immediately report all threats to local police authorities. A written report shall be completed by the individual receiving the threat and sent to the DHA Program Integrity (PI) Chief Investigations Oversight for information referral to the Defense Criminal Investigative Service (DCIS) office having jurisdiction over the area where the threat was initiated or act was stated to occur. This includes all threats against person or property. The contractor shall provide a report of the threat to the DHA PI, giving as much information as possible.						Submit through the					
						DHA e-Commerce					
						Extranet.					
						(Per TOM Ch 14 Sec 2)					
						15. TOTAL					
G. PREPARED BY Cindy Roegner			H. DATE 04/28/2016		I. APPROVED BY John Marchlowska		J. DATE 04/28/2016				

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____						
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.					
1. DATA ITEM NO. R080		2. TITLE OF DATA ITEM Breach Report			3. SUBTITLE REV on 03/29/2016					
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 1, Sec. 5		6. REQUIRING OFFICE Privacy Office					
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE				
				b. COPIES						
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: 1st day of the month following award of contract modification of date specified in the modification Due Date: Within 24 hours of discovery of breach and updates with new information as required SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PII/PHI: No FILE FORMAT: pdf CONTENT DETAILS: 1. The contractor shall complete the fillable DD Form 2959, Breach of Personally Identifiable Information (PII) and Protected Health Information (PHI) Report, (available at http://www.health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/Breaches-of-PII-and-PHI) and email the form to dha.ncr.pcl.mbx.dha-privacy-officer@mail.mil . The contractor is responsible for reporting all information needed by the DHA Privacy Office to make timely and accurate determinations on reports to Health and Human Services (HHS) as required by the HHS Breach Rule and reports to the Defense Privacy and Civil Liberties Division as required by DoD Privacy Act Issuances. For non-cyber incidents without a US-CERT number, the contractor shall assign an internal tracking number and include that number in Box 1.e of DD Form 2959. 2. The contractor shall submit updated Breach of Personally Identifiable Information (PII) Report DD Form 2959 as additional information required by the form is received (indicate the submission date in the "Updated Report" box at the first line of the form). Examples of updated information the Contractor shall report include, but are not limited to: confirmation on the exact data elements compromised, the root cause of the incident, vulnerabilities exploited, and any mitigation actions to include, sanctions, training, incident containment, follow-up, etc.						Submit to email address				
						on Breach Response				
						page of DHA Privacy				
						Office website				
						15. TOTAL				
G. PREPARED BY Rahwa A. Keleta		H. DATE 03/29/2016		I. APPROVED BY Linda Thomas		J. DATE 03/29/2016				

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. R090	2. TITLE OF DATA ITEM Declaration of Transfer and Destruction of Records				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM Ch. 2, Sec. 6		6. REQUIRING OFFICE Records Management									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	C	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: 1st day following award of contract modification Due Date: 30 days after successful Records Transfer SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall complete the Declaration of Transfer and Destruction of Records in accordance with attached template.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Connie Hogg			H. DATE 09/22/2015		I. APPROVED BY Glinda Hodgkin		J. DATE 09/22/2015	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

<CONTRACTOR LETTERHEAD>

DECLARATION OF TRANSFER AND DESTRUCTION OF RECORDS

The undersigned individuals hereby declare that <Enter Contractor Name>, <Enter Contract Number> has transferred records and/or permanently removed/destroyed the DHA records identified below, and used National Institute of Standards and Technology sanitization methods to remove from all electronic systems and databases any related convenience data (paper copies, tapes, cartridges, CDs, vendors, other electronic storage devices, etc.) in accordance with 36 CFR Chapter XII, Subchapter B, DoDM 5200.01, and DoD Instruction 8510.01

For official federal records that have been transferred complete the following information:

The official federal records have been successfully transferred and completion of this document certifies that non-records i.e. convenience copies at <Enter Source Office Name> have been destroyed permanently.

Record Series:

Transfer Date(s):

Transfer Number(s):

Description/Comment:

Format: ☐ Paper ☐ Electronic

Records transferred to DHA per DHA agreement? ☐ Yes ☐ No

Records transferred to incoming contractor? Yes No

(If Yes), Incoming Contractor Name: _____

Incoming Point of Contact (knowledgeable of transfer data):

Name:

Phone Number:

Email Address:

For official federal records/non-records destroyed complete the following information:

Volume/Size of records destroyed: _____

Method of destruction: _____

Destruction Date: _____

The undersigned individuals declare under penalty of perjury that the foregoing is true and correct in accordance with 28 U.S.C. § 1746.

Name: _____

Title: _____

Date: _____

Signature: _____

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188						
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____								
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.							
1. DATA ITEM NO. R100	2. TITLE OF DATA ITEM Random Sample Audit Worksheet				3. SUBTITLE Initial							
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 3		6. REQUIRING OFFICE Program Integrity (PI)							
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION							
8. APP CODE	B	11. AS OF DATE See Block 16	13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES						
				Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: First day following contract modification or date specified in the modification Due Date: 30 days after case development completion SUBSEQUENT SUBMISSION: SAME AS FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Microsoft Excel CONTENT DETAILS: Audit findings must be reported in a clear and concise manner in an automated spreadsheet. Findings shall include the DHA PI Random Sample Audit Worksheet for each statistically valid random sample performed. Template is attached with updates provided by the government as required.					Submit directly to Program Integrity							
										15. TOTAL → 0 0 0		
					G. PREPARED BY Cindy Roegner			H. DATE 04/28/2016		I. APPROVED BY John Marchlowska		J. DATE 04/28/2016

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CASE NAME:		CASE NUMBER:		RING SEED NUMBER:
Sample Count	Overpayment	Average Overpayment	Difference	Difference Squared
1		\$0.00		
2		\$0.00		
3		\$0.00		
4		\$0.00		
5		\$0.00		
6		\$0.00		
7		\$0.00		
8		\$0.00		
9		\$0.00		
10		\$0.00		
11		\$0.00		
12		\$0.00		
13		\$0.00		
14		\$0.00		
15		\$0.00		
16		\$0.00		
17		\$0.00		
18		\$0.00		
19		\$0.00		
20		\$0.00		
21		\$0.00		
22		\$0.00		
23		\$0.00		
24		\$0.00		
25		\$0.00		
26		\$0.00		
27		\$0.00		
28		\$0.00		
29		\$0.00		
30		\$0.00		
31		\$0.00		
32		\$0.00		
33		\$0.00		
34		\$0.00		
35		\$0.00		
36		\$0.00		
37		\$0.00		
38		\$0.00		
39		\$0.00		
40		\$0.00		
41		\$0.00		
42		\$0.00		
43		\$0.00		
44		\$0.00		
45		\$0.00		
46		\$0.00		
47		\$0.00		
48		\$0.00		
49		\$0.00		
50		\$0.00		
51		\$0.00		
52		\$0.00		
53		\$0.00		
54		\$0.00		
55		\$0.00		
56		\$0.00		
57		\$0.00		
58		\$0.00		
59		\$0.00		
60		\$0.00		
61		\$0.00		
62		\$0.00		
63		\$0.00		
64		\$0.00		
65		\$0.00		
66		\$0.00		
67		\$0.00		
68		\$0.00		
68	0.00			
				Amounts linked to next tab

CASE NAME:	CASE NUMBER:	RING SEED NUMBER:
INPUT NEEDED:		NOTES:
Items In the Universe (N):		
One-Sided Confidence Level (CL) Range:	90%	The One-Sided Confidence Level Range should be either 90% or 95%.
LINKED FROM "Sample Results" TAB:		
Items in the Sample (n):	68	
Total Sample Overpayment:	\$0.00	
Average Overpayment:	\$0.00	(Rounded to 2 Decimals)
Sum of the Squares:	0.00	(Rounded to 2 Decimals)
STATISTICAL CALCULATION VALUES:		
Standard Deviation Divisor:	68	With the Sample Size over 40, the division by the commonly used value of n is used, rather than n-1.
Standard Deviation:	0.00	(Rounded to 2 Decimals)
Std Dev divided by Avg Overpayment:	0.00	
Standard Error of the Mean:	0.00	(Rounded to 2 Decimals)
Confidence Level Z Score Value:	1.2817	For a One-Sided Confidence Level, the Z Score is 1.2817 for a 90% Level, and 1.645 for a 95% Level.
Sampling Error:	0.00	(Rounded to 2 Decimals)
Precision Value:	\$0.00	
OVERPAYMENT ESTIMATE VALUES:		
Overpayment Point Estimate:	\$0.00	
Overpayment CL Range - Low:	\$0.00	
Overpayment CL Range - High:	\$0.00	
Precision Percentage:	0.00%	
AMOUNT OF RECOVERY TO BE DEMANDED:		
Overpayment Point Estimate:		\$0.00
<p>Auditor Steps:</p> <p>Note: All Fields which require Data Entry and/or Updates are highlighted in Light Blue.</p> <ol style="list-style-type: none"> 1.Enter the Case Name, Number, and the RNG Seed Number onto this "Sample Verification" Worksheet. 2.Enter the Sample Overpayment Values onto the "Sample Results" Worksheet. 3.Delete any extra Sample Counts on the "Sample Results" Worksheet to reflect an accurate Sample Count. 4.Enter the Number of Items in the Universe onto this "Sample Verification" Worksheet. 5.Determine the One-Sided Confidence Level Range to be used, depending on the specifics of this case. 6.Determine if the Amount of Recovery to be Demanded is appropriate, based on the Notes and Calculations. 7.Consult with DHA PI or a qualified statistician on any questions or concerns. <p style="text-align: right;">(Form Updated 11/4/13)</p>		

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. R110	2. TITLE OF DATA ITEM Fraud/Abuse Patient Harm-Initial Notification Checklist				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 3		6. REQUIRING OFFICE Program Integrity (PI)									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE								
				b. COPIES										
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: First day following contract modification or date specified in the modification Due Date: Upon notification of confirmed patient harm SUBSEQUENT SUBMISSION: SAME AS THE FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: No specific file format CONTENT DTAILS: A completed Fraud/Abuse Patient Harm-Initial Notification Checklist shall be submitted to DHA PI when submitting a case in which a fraudulent or abusive act resulted in patient harm. Template is attached with updates provided by the government as required.						Draft		Final						
						15. TOTAL						0	0	0
						G. PREPARED BY Cindy Roegner			H. DATE 04/28/2016		I. APPROVED BY John Marchlowska		J. DATE 04/28/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

FRAUD/ABUSE PATIENT HARM-INITIAL NOTIFICATION CHECKLIST

1. Provider Name:
2. Provider Type:
3. Provider TIN:
4. Address of Provider:
5. Is the provider network/non-network:
6. Patient Harm Allegation:
7. Medical determination of patient harm made by:
8. How was allegation reported/identified:
9. # of Beneficiaries actively seeing provider:
10. Prior complaints? If yes, provide details if complaints are related to this allegation?
11. Are network providers available to relocate beneficiaries' actively seeing provider?
12. Have referrals been discontinued to this provider?
13. Are state licensure authorities involved? If yes, provide details:
14. Are any law enforcement agencies investigating allegations? If yes, provide details:
15. Provide estimated date of case referral submission to DHA-PI:
16. Provide DHA-PI with copies of any medical records that substantiate this allegation.

***NOTE:** Patient harm refers to a fraudulent or abusive practice directly causing a patient who is undergoing treatment for a disease, injury, medical, or dental condition to suffer actual physical injury or psychological injury or acceleration of an underlying condition. The determination of patient harm has occurred must be based on the opinion of a qualified physician, dentist, or pharmacist.

****NOTE:** Medical Malpractice issues are not considered patient harm unless a fraudulent or abusive practice resulted in injury.

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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. R120	2. TITLE OF DATA ITEM DHA/MTF Fraud & Abuse Referral Cover Sheet				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TOM, Ch. 13, Sec. 3		6. REQUIRING OFFICE Program Integrity (PI)									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
						Draft	Final Reg Repro							
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: First day following contract modification or date specified in the modification Due Date: 30 days after case development completion SUBSEQUENT SUBMISSION: SAME AS THE FIRST SUBMISSION PHI/PII: Yes FILE FORMAT: Pdf CONTENT DTAILS: The following shall be submitted to DHA-PI: A completed DHA/MTF Fraud & Abuse Referral Cover Sheet shall be included with every case referral meeting DHA-PI's threshold. Template is attached with updates provided by the government as required.						Submit directly to Program Integrity								
						15. TOTAL						0	0	0
						G. PREPARED BY Cindy Roegner			H. DATE 04/28/2016		I. APPROVED BY John Marchlowska		J. DATE 04/28/2016	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

DHA/MTF FRAUD AND ABUSE REFERRAL COVER SHEET	
SUBJECT NAME(S):	
ADDRESS (CITY, STATE):	
TIN(S)/EIN/NPI:	180 DAY START DATE:
POTENTIAL FRAUD OR ABUSE ISSUES (List section(s) of 32 CFR 199.9 (b) and/or (c) that are alleged to have been violated):	
SUBJECT(S) TYPE: e.g.: Beneficiary, Provider, Hospital, Clinic type, Dentist, Surgeon, DME, General Practice, Pharmacy.	
CONTRACTOR/MTF POC:	PHONE NUMBER:
DOLLAR DAMAGES	
ACTUAL:	EXTRAPOLATED:
DHA INTERNAL USE ONLY:	
RECEIVED DATE:	
ACTION OFFICER:	REFERRAL SOURCE:
CASE RELATIONSHIP	
LEAD NUMBER:	QUI TAM NUMBER:

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A. CONTRACT LINE ITEM NO.		B. EXHIBIT		C. CATEGORY: TDP _____ TM _____ OTHER _____										
D. SYSTEM/ITEM			E. CONTRACT/PR NO. HT9402-14-D-0002		F. CONTRACTOR Express Scripts, Inc.									
1. DATA ITEM NO. R130	2. TITLE OF DATA ITEM B2B Gateway Questionnaire				3. SUBTITLE Initial									
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE TSM, Ch. 1, Sec. 1.1		6. REQUIRING OFFICE PAT&IS									
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE	B	11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES						
						Draft		Final Reg Repro						
16. REMARKS FIRST SUBMISSION: Frequency: As Required Reporting Period Start Date: Upon award of contract modification or date specified in the modification Due Date: Within 10 calendar days after the new requirements have been provided to the contractor SUBSEQUENT SUBMISSION: CONTINUE FROM FIRST SUBMISSION PHI/PII: No FILE FORMAT: No specific file format required CONTENT DETAILS: The contractor shall complete the current version of the B2B Gateway Questionnaire (to be provided by DHA) identifying the required telecommunication infrastructure between the contractor and the MHS systems. This includes all Wide Area Network (WAN), LAN, VPN, Web DMZ, and B2B Gateway access requirements. The completed Questionnaire shall be returned to the DHA designated POC for review and approval. I&O will coordinate any requirements for additional information with the DHA POC and schedule any meetings required to review the Questionnaire. The contractor shall provide DHA or the equivalent office with a copy of the approved and signed B2B Questionnaire for all telecommunication efforts. Current B2B Questionnaire is attached with updates provided by the government as required.						Submit through the								
						DHA e-Commerce								
						Extranet.								
						(Per TOM Ch 14 Sec 2)								
						15. TOTAL						0	0	0
						G. PREPARED BY Steven Alvarado			H. DATE 11/01/2018		I. APPROVED BY Orlando Januario Jr.		J. DATE 11/01/2018	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE



DEFENSE HEALTH AGENCY

BUSINESS 2 BUSINESS (B2B) GATEWAY QUESTIONNAIRE
PHASE II – [INSERT VENDOR NAME AND MTFs IF LISTED]

January 31, 2018
Version 10.3

Defense Health Agency

CHANGE / REVISION RECORD

This record is maintained throughout the life of the document; each published update is recorded. A Change Package (re-issue of changed pages only) carries change bars in the page margins to identify differences from the preceding issue. Due to the scope of change that necessitates a Revision (re-issue of entire document); a Revision does not carry change bars.

DOCUMENT VERSION NUMBER	REVISION SUMMARY	DATE
Version 5.0	Updated to reflect transition from DISA to DHA	12/14/15
Version 6.0	Updated to reflect AnyConnect option	4/4/16
Version 7.0	Updated to reflect Citrix option	11/9/16
Version 8.0	Updated contact list to reflect current personnel	12/2/16
Version 9.0	Updated the TOC. Updated General Information Page. Updated the DHA staff information. Updated the Implementation Checklist. Removed the DD Form 2875 attachment and screenshot and added a Web link to access the form. Added an appendix to gather data for software and hardware requirements. Revised the B2B Requirements appendix. Added a signature line for program office's ISSM.	8/8/17
Version 10.0	Update DoD POC information. Replace "Netscreen" with "Cisco ISR" under Network Boundary Information. Update Network Address table and Notes below table. Update Appendix I. Add Appendix K and update following Appendices' letters.	10/26/17

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Version 10.2	"eMASS #" section added in General Information table. Update B2B Mailbox email address in DoD POC table. Last Mile Information table of Appendix E updated. Appendix J & K edited.	1/23/18
Version 10.3	Updated Appendix F: Phase I/Existing Connection chart. Clarified Example row on Phase II Chart	1/31/18

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Defense Health Agency

Introduction

Defense Health Agency (DHA) oversees the Military Health System (MHS) Infrastructure and Operations (I&O). DHA is chartered to design, provision, and deploy a standards based, common telecommunications infrastructure throughout the MHS.

This information paper identifies the required parameters for Commercial Business Partners to connect to an MHS Military Treatment Facility (MTF) or other Department of Defense (DoD) .mil network using a Virtual Private Network (VPN). This information sheet is intended do the following:

- Adhere to the DoD Guidelines for third party vendors
- Adhere to the policies of connectivity and device management of the third party vendor
- Meet the functional and technical requirements as designed for a given project

In prioritizing security and confidentiality of DoD system resources and networks, the gateway approach is the standard for all non-DoD resources to connect, communicate, and manage systems within the DoD. In the gateway solution, the third party affiliate will terminate at a DMZ and then be re-directed to its destination. This is the recommended long-term solution to ensure data and system resource security and confidentiality.

The following criterion depicts a Gateway solution:

- There is a single reference point for the third party affiliate to the DoD thus eliminating any back doors to the DoD
- Third party affiliate VPN device procurement resource must be identified
- Third party affiliate VPN device model must be in the product line of the DHA – MHS Standard
- The DHA VPN team maintains Configuration Management and support of the VPN device located at the Third Party Affiliate's DMZ
- MHS traffic can be more effectively managed
- Adheres to the DoD initiative to move away from third party affiliates connecting directly to a MTF

This document is to serve as a template to identify the requirements of the sponsoring organization and the third party partner to DHA. Below will be detailed information that when completed will be used for:

- Establishing necessary requirements
- Configuring the MHS B2B Gateway
- Configuring the VPN device

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DHA Policy for Communications

The TRICARE Systems Manual (TSM 7950.1-M) discusses the requirements necessary for Managed Care Contractors to interface with the Department of Defense (DoD):

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General Information

Project Information

Request Type	<input type="checkbox"/> New Connection(s)	<input type="checkbox"/> Changes/Updates to Existing Connection(s)	<input type="checkbox"/> Decommission Connection(s)
Connection Type: For legacy Juniper connections select "Changes/Updates.." and/or "Decommission.."	<input type="checkbox"/> Server to Server <i>Allows continuous connectivity between the partner-and DHA-hosted servers. The commercial partner (vendor) will be required to procure and install a DHA-configured and tested Cisco VPN router (Cisco ISR) on its premise at all appropriate locations. The device (which will be remotely managed by DHA) will provide a controlled entry/exit point and an encrypted pathway for all communications between the commercial partner and its DHA-hosted system(s). System-to-system communications are defined as automated processes between two systems that require always-on connectivity.</i>		<input type="checkbox"/> Client to Server <i>Allows the commercial partner system administrators to manage and monitor those systems for which they are responsible. Client-to-server communications are defined as any administrative function that requires administrative input (Remote Desktop, Dameware, SSH, etc). This will be an on-demand solution and will require the administrator to establish a connection for each use through a DHA provided Virtual Desktop Infrastructure (VDI) using CAC authentication.</i>
eMASS # (DHA ID for the system with which the vendor is communicating.)			
Project Name (Vendor Name to MHS Name)			
Program Office			
Description: What is this for?			
	Requested Date:		

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	Critical Date:	
--	----------------	--

DoD POC Information

Please complete the following:

DoD Organization	Name	Phone	E-Mail
Government POC Sponsoring the B2B Gateway Connection			
Contracting Officer/COR			
ISSM			
DHA B2B ISSM	Mr. Eric Wildermuth	(703) 681-1145	Eric.R.Wildermuth.civ@mail.mil
DHA B2B Project Manager	Mr. Orlando Januario Jr.	(210) 295-3599	orlandojr.januario.civ@mail.mil
DHA B2B Project Manager	Mr. Gary Waltman	(703) 681-6754	Gary.P.Waltman.civ@mail.mil
DHA B2B PM Support	Ms. Asha Jones	(571) 765-6136	asha.z.jones2.ctr@mail.mil
DHA B2B Phase 2 Support	Mr. Ronald Yoon	(516) 509-0022	ronald.i.yoon.ctr@mail.mil
DHA Engineer			
DHA Other (SPAWAR)	Remote Systems Management		rsm@nsoc.health.mil
DHA Global Service Center	DHA Global Service Center Personnel	(800)-600-9332	dhagsc@mail.mil
DHA B2B Mailbox	DHA B2B Team		dha.ncr.ops-sustain.list.b2b-phase2@mail.mil
.MIL Gov.			
.MIL PM Support			
.MIL Firewall Engineer			
.MIL System Administrator			

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Commercial Partner POC Information

Please complete the following:

Organization	Name	Phone	E-Mail
PM			
Application /System Engineer			
Network Administrator			
Security Manager			
Network Manager			

Organization	Name	Phone	E-Mail	Procedures
Help Desk Contact Information				
After-Hours Support Contact Information				

Organization Address:

Physical Device Location (not required for Citrix): {NOTE: Be sure to include the full address, building, room, and rack where the MHS VPN node will be deployed}

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Implementation Checklist

Please check the following:

Question	Yes	No	Date Complete
1. Has the software requirements for C2S connection been provided by vendor? (Appendix A)			
2. Is Form 2875 completed? (See PDF file "DHAGSC_B2B_C2S (v.1.1 20171212)" sent with questionnaire)			
3. Internet addresses are publicly routable for all B2B applications? <i>(Clients need a unique address for authentication tracking.)</i>			
4. Is user performance requirement information completed? (Appendix C)			
5. Is system performance requirement information completed? (Appendix D)			
6. Has the VPN Implementation Form been completed? (Appendix E)			
7. Has Connectivity Requirements Sheet been submitted? (Appendix F)			
8. Has "As Is" Network Diagram been provided? (Appendix G - Attachment)			
9. Has VPN Last Mile Diagram (Appendix H) been discussed and concurred by both sides?			
10. Is VPN device procured? (Appendix A, S2S connections only)			
11. Has the VPN device been configured and STIGed by DHA? <i>(Please send VPN device to the contact and address below for configuration:</i> <i>Shaun Pillé</i> <i>KSH Solutions, Inc.</i> <i>5965 Core Road, Suite 624</i> <i>North Charleston, SC 29406)</i>			
12. Has VPN Installation been scheduled?			

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Appendix A: Software and Settings/Hardware Requirements

For Client to Server Connections:

We need to better understand the administrative tasks to be performed by the commercial partner to determine software and setting requirements. Please answer the following questions:

Question	Response
1. What is the highest number of simultaneous users you expect to have active connections at peak usage?	
2. List the full name of all applications that you expect to use in management of your servers and/or remote assets. Please include any Proprietary software.	
3. For each application, please list all dependencies required for full functionality, including: a) Active X settings; b) Specific browsers required (Chrome, Firefox, etc.); c) Browser settings required; d) SSL/CA Certificate installations	

For Server to Server Connections:

The commercial partner will be required to purchase one of the following Cisco device(s) for their location(s):

- ISR C891f Less than 5Mb
- ISR 4331 Between 5Mb-30Mb
- ISR 4451 Between 30Mb-300Mb
- CSR 1000V Virtual ISR

Also, please make certain to provide (on Appendix F) 2 public IP addresses for each device to be installed.

Note: The Cisco pubs indicate higher bandwidth capabilities for models noted above; however, the Cisco figures are under ideal conditions (UDP, low overhead, etc.). These considerations were evaluated by the DHA engineers and factored in the configurations and other overhead/loading factors (noted above). If you opt to select the next lower/smaller model, then there is a potential risk of overloading the device, which will require the procurement of a replacement with the next higher model.

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Appendix B: Submission of the System Authorization Access Request (SAAR) Form 2875

The DD 2875 form and instructions are attached in a separate PDF document named
“DHAGSC_B2B_C2S_(v1.1 20171212)”

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Appendix C: User Performance Requirements

Project Name	
Program Office	
Project POC	

User System Requirements

Subject Matter	Metric
<i>Commercial User to MHS System</i>	
Number of Users *	
Number of Existing User Accounts*	
Number of New User Accounts Needed*	
Peak Operational Time	
Operational Time Frame (Per Day)	
Operational Time Frame (Per Week)	
Operational Time Frame (Per Year)	
Number of concurrent sessions per user	
Number of concurrent users *	
Average file/data size per user	
Average number of transactions per day/ per user	
Expected % growth per year	
Other	
Other	
Other	
Other	
Other	
<i>MHS User to Third Party System</i>	
Number of Users	
Peak Operational Time	
Operational Time Frame (Per Day)	
Operational Time Frame (Per Week)	
Operational Time Frame (Per Year)	
Number of concurrent sessions per user	
Number of concurrent users	
Average file/data size per user	
Average number of transactions per day/ per user	
Expected % growth per year	

* Note: Each user should be coming from a unique IP address

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Appendix D: System Performance Requirements

Project Name	
Program Office	
Project POC	

System (Third Party Partner) to System (MHS) Requirements

Subject Matter	Metric
Expected screen refresh time	
Expected response time	
Expected % availability uptime	
Meantime between failure	
Meantime to repair	
Sustained throughput requirement	
Max packet loss acceptable	
Max latency	
Expected bandwidth between systems	
Peak bandwidth requirements	
Other	
Other	
Other	
Other	
Other	

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Appendix E: VPN Implementation Form

Project Name	
Program Office	
Project POC	

Last Mile Information – WAN Access

Please check the following for the .MIL side of the connection:

Question	Answer
1. Who is your Internet Service Provider? <i>(Please Specify)</i>	
2. Assessment and Authorization	
a. What type of certification does the Gov. Sponsor require? DIACAP/RMF, Certificate of Networthiness (CON), Platform IT (PIT), DODI8582.01	
b. What is the current status of required certification and date of your expected date of certification?	
c. Has documentation been provided to the B2B team as evidence of the A&A process? (ATO memo, 8582 evidence, CON memo, or PIT memo)	

Please check the following for the .COM side of the connection:

Question	Answer
1. Who is your Internet Service Provider? <i>(Please Specify)</i>	
2. Assessment and Authorization	
a. What type of certification does the Gov. Sponsor require? DIACAP/RMF, Certificate of Networthiness (CON), Platform IT (PIT), DODI8582.01	
b. What is the current status of required certification and date of your expected date of certification?	
c. Has documentation been provided to the B2B team as evidence of the A&A process? (ATO memo, 8582 evidence, CON memo, or PIT memo)	

Network Boundary Information *(not required for Citrix)*

1. What are the Interfaces of the Border Router?

Interface	IP Address	Subnet Mask	Default Gateway

2. What are the External and DMZ Interfaces of the Firewall?

Interface	IP Address	Subnet Mask	Default Gateway

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3. What is the Network Space between the Firewall and Border Router where the Cisco ISR will be installed?

NOTES:

- a. Ensure the Network between the Firewall and the Border Router has sufficient address space to support splitting the network.*
- b. Ensure the Bit Boundaries are valid and are NOT CROSSED when splitting into smaller subnets.*

IP Network/ Mask	Subnet Mask

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4. What are the new Network Addresses for the Cisco ISR device?

	External Interface	Subnet Mask	Default Gateway
Primary ISR			
Secondary ISR			
	RLOC IP	Subnet Mask	Default Gateway
Primary ISR		255.255.255.255	NA
Secondary ISR		255.255.255.255	NA
	Internal Interface	Subnet Mask	Default Gateway
Primary ISR			
Secondary ISR			
Floating			

Note 1: For HA setup, each device would require a unique External, Internal and RLOC IP address. One additional floating Internal IP is required for VRRP failover.

Note 2: All IP addresses for the ISR need to be publically routable. Private address space using a NAT is not permitted.

Note 3: RLOC IP addresses should be /32 addresses and not a part of the subnet used by the External or Internal interfaces.

Firewall Specifics/Proxy Servers *(not required for Citrix)*

Please check the following:

Question	Yes	No
1. Is this site using Network Address Translation (NAT) Static (1 to 1)?		

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Appendix F: DHA B2B Connectivity Requirements Submission

Vendor Name	
Program Office	
Project POC	

Please read failure to do so will delay the processing of this request. If you are submitting a Phase II connection please complete the chart below titled Phase II Environment Type. For Phase I /Existing Connections skip down and complete the next chart titled Phase I or Existing Environment Type.

Phase II Environment Type (Please submit B2BQ for each environment. One environment per B2BQ)			<input type="checkbox"/> Test						<input type="checkbox"/> Production						
APPLICATION NAME	DESCRIPTION	IP PROTOCOL	SERVICE	LOW PORT	HIGH PORT	VENDOR SERVER NAME	VENDOR SERVER IP	VENDOR SERVER NAT	DHA SERVER NAME	DHA SERVER IP	DHA SERVER NAT	DHA SITE LOCATION	CONNECTION SOURCE		
Example	Eg. BDMS	Eg. Blood Donor Management Server	Eg. TCP	Eg. SFTP	Eg. 22	22	Comm Vault Server	X.X.X.X	Provided By NSOC RSM	Insight Server	X.X.X.X	Provide d By NSOC RSM	NMC San Diego	.COM	*Example*

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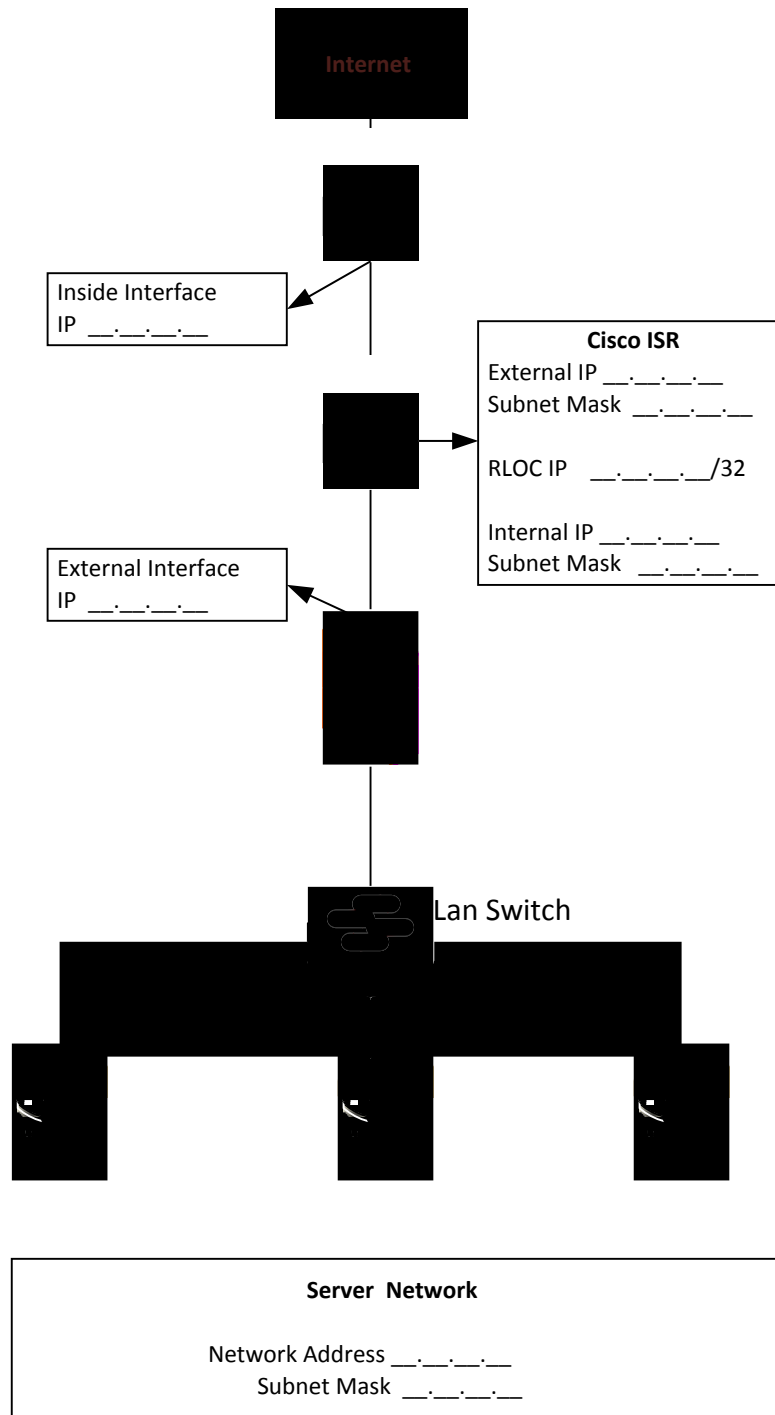
Phase I or Existing Environment Type (Please submit B2BQ for each environment. One environment per B2BQ)			<input type="checkbox"/> Test				<input type="checkbox"/> Production			
Application	Commercial IP Address	Commercial side B2B Gateway Address	.com Port	DoD side B2B Gateway Address	DoD IP Address	DoD Site Name	Data Service	Protocol	.mil Port	Source of traffic (.mil, .com, Bi-directional)

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Appendix G: "As Is" Diagram (*not required for Citrix*)

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Appendix H: Last Mile Diagram (*not required for Citrix*)



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Appendix I: Device Package Slip *(not required for Citrix)*

INCLUDE THIS DOCUMENT INSIDE THE CISCO ISR SHIPPING PACKAGE

Name of Project	
Point of Contact (POC)	Name of Company ATTN: POC Name ADDRESS Contact Number Email
Device Serial Number	
Device Model	
Shipping Tracking Number	

NOTE:

After shipment, please send a copy of this appendix to DHA PM Support.

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Appendix J: ISSM Approval (For all new connections)

Information System Security Manager
B2B Implementation Approval

[] As the ISSM for the DHA B2B C2S, I have reviewed the appropriate documentation and provide the approval to proceed as planned.

[] As the ISSM for the DHA B2B S2S, I have reviewed the appropriate documentation and provide the approval to proceed as planned.

TYPED NAME

SIGNATURE

DATE

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Appendix K: Site ISSM Approval (For all connections; i.e. add/remove/modify)

Information Assurance Manager
B2B Implementation Approval

As the Site ISSM for [appropriate program office or installation], I have reviewed the appropriate documentation and provide the approval to proceed as planned.

TYPED NAME

PROGRAM OFFICE

SIGNATURE

DATE

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Appendix L: Program Manager Approval (For all connections; i.e. add/remove/modify) May sign in lieu of multiple site ISSM connections sic Appendix K

Program Manager
B2B Implementation Approval

As the Government Sponsor for [appropriate program office or installation], I have reviewed the appropriate documentation and vendor certification. I provide the approval to proceed as planned.

TYPED NAME

SIGNATURE

DATE

Defense Health Agency

Appendix M: Security Approval (For all connections; i.e. add/remove/modify)

Commercial Partner Security Manager
B2B Implementation Approval

As the Security Manager of the [MHS .com partner], I have reviewed the appropriate documentation and provide the approval to proceed as planned.

TYPED NAME

SIGNATURE

DATE

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Appendix N: Project Manager Approval (For all connections; i.e. add/remove/modify)

Defense Health Agency B2B Gateway Project Manager
B2B Implementation Approval

As the Business-to-Business Gateway Project Manager for DHA, I have reviewed the appropriate documentation and provide the approval to proceed as planned.

TYPED NAME

SIGNATURE

DATE

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>										
A. CONTRACT LINE ITEM NO. 0003		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Plan</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. T010	2. TITLE OF DATA ITEM Phase-In Transition Plan				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.1.2		6. REQUIRING OFFICE TMA/Pharm Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Transition		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE		b. COPIES		
16. REMARKS Block 12: No later than 10 days after contract award. Block 13: No later than 15 days following transition interface meetings. Block 14a: This transition plan shall be submitted as described in TOM, Chapter 23, Section 5, Paragraph 1.1. The contractor shall provide an updated version of the Transition Plan included in their contract proposal. The Plan shall meet the requirements in TOM, Chapter 23, Section 5, Paragraph 1.1. The following requirements under F.2.1 apply: A, C, D						TMA E-Commerce				
						Extranet				
						15. TOTAL				
G. PREPARED BY Beth Spearman			H. DATE 3/13/2013		I. APPROVED BY William Blanche		J. DATE 3/13/2013			

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER _____ Plan _____
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p>										
A. CONTRACT LINE ITEM NO. 0003 & X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Status Report</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. T020	2. TITLE OF DATA ITEM Phase-In Transition Status Report				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.1.2		6. REQUIRING OFFICE TMA/Pharm Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Weekly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES			
16. REMARKS Block 11: Status of activities as the end of the prior week. Block 12: First Tuesday after the 20th day after contract award Block 13: Each Tuesday Report on the status of transition in activities. Report shall address those items identified in the Transition In Plan as being key to the success of the transition. Reporting shall continue through the 180th day following the start of Option Period 1 or until notified by the COR to discontinue the report, if earlier. The following requirements under F.2.1 apply: A, D				TMA E-Commerce						
				Extranet						
				15. TOTAL →				0	0	0
				G. PREPARED BY Beth Spearman		H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. 0003 & X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Status Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188				
The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.										
A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Plan</u>						
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR					
1. DATA ITEM NO. T030	2. TITLE OF DATA ITEM Phase-Out Transition Plan				3. SUBTITLE					
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.5.2		6. REQUIRING OFFICE TMA/Pharm Ops					
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY One-Time		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION				
8. APP CODE N/A		11. AS OF DATE O		13. DATE OF SUBSEQUENT SUBMISSION N/A		a. ADDRESSEE	b. COPIES			
16. REMARKS Block 12: Within 30 days of award of a successor contract or notification of the government's decision to not exercise available option periods or otherwise terminate the contract. The Phase-Out Transition Plan shall be developed in coordination with the incoming contractor and meet all requirements identified in C.18 and TOM, Chapter 23, Section 5, Paragraph 4.1. The Phase-Out Transition Plan shall describe in detail the steps to be completed to successfully transition the TRICARE Pharmacy Program to the incoming contractor. The following requirements under F.2.1 apply: A, D				TMA E-Commerce						
				Extranet						
				15. TOTAL →				0	0	0
				G. PREPARED BY Beth Spearman		H. DATE 3/13/2013		I. APPROVED BY William Blanche		J. DATE 3/13/2013

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Plan</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - Costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

Item 18. For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data.

These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

CONTRACT DATA REQUIREMENTS LIST (1 Data Item)						Form Approved OMB No. 0704-0188								
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A. CONTRACT LINE ITEM NO. X015		B. EXHIBIT N/A		C. CATEGORY: TDP _____ TM _____ OTHER <u>Status Report</u>										
D. SYSTEM/ITEM TRICARE Pharmacy Program			E. CONTRACT/PR NO.		F. CONTRACTOR									
1. DATA ITEM NO. T040	2. TITLE OF DATA ITEM Phase-Out Transition Status Report				3. SUBTITLE									
4. AUTHORITY (Data Acquisition Document No.) N/A			5. CONTRACT REFERENCE C.19.5.2		6. REQUIRING OFFICE TMA/Pharm Ops									
7. DD 250 REQ No	9. DIST STATEMENT REQUIRED B	10. FREQUENCY Weekly		12. DATE OF FIRST SUBMISSION See Block 16		14. DISTRIBUTION								
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		a. ADDRESSEE	b. COPIES							
16. REMARKS Block 11: Status of activities as the end of the prior week. Block 12: First Tuesday after the 30th day after award of a successor contract Block 13: Each Tuesday Report on the status of transition out activities. Report shall address those items identified in the Transition Out Plan. Reporting shall continue until notified by the COR to discontinue. The following requirements under F.2.1 apply: A, D						Draft		Final						
						TMA E-Commerce								
						Extranet								
						15. TOTAL						0	0	0
						G. PREPARED BY Beth Spearman			H. DATE 2/1/2013		I. APPROVED BY William Blanche		J. DATE 2/1/2013	

17. PRICE GROUP

18. ESTIMATED
TOTAL PRICE

CONTRACT DATA REQUIREMENTS LIST*(1 Data Item)*

A. CONTRACT LINE ITEM NO. X015	B. EXHIBIT N/A	C. CATEGORY: TDP _____ TM _____ OTHER <u>Status Report</u>
D. SYSTEM/ITEM TRICARE Pharmacy Program	E. CONTRACT/PR NO.	F. CONTRACTOR

16. REMARKS *(Continued)*

INSTRUCTIONS FOR COMPLETING DD FORM 1423*(See DoD 5010.12-M for detailed instructions.)***FOR GOVERNMENT PERSONNEL****Item A.** Self-explanatory.**Item B.** Self-explanatory.**Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management," etc.**Item D.** Enter name of system/item being acquired that data will support.**Item E.** Self-explanatory (to be filled in after contract award).**Item F.** Self-explanatory (to be filled in after contract award).**Item G.** Signature of preparer of CDRL.**Item H.** Date CDRL was prepared.**Item I.** Signature of CDRL approval authority.**Item J.** Date CDRL was approved.**Item 1.** See DoD FAR Supplement Subpart 4.71 for proper numbering.**Item 2.** Enter title as it appears on data acquisition document cited in Item 4.**Item 3.** Enter subtitle of data item for further definition of data item (optional entry).**Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12-L (AMSDL), or one-time DID number, that defines data content and format requirements.**Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).**Item 6.** Enter technical office responsible for ensuring adequacy of the data item.**Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.**Item 8.** Specify requirement for approval of a draft before preparation of the final data item.**Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).**Item 10.** Specify number of times data items are to be delivered.**Item 11.** Specify as-of date of data item, when applicable.**Item 12.** Specify when first submittal is required.**Item 13.** Specify when subsequent submittals are required, when applicable.**Item 14.** Enter addressees and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 16.**Item 15.** Enter total number of draft/final copies to be delivered.**Item 16.** Use for additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.**FOR THE CONTRACTOR****Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

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